

**A STUDY ON DIAGNOSTIC METHODOLOGY AND
SYMPTOMATOLOGY OF PEENISAM
(RHINOSINUSITIS)**

(DISSERTATION SUBJECT)



For the partial fulfillment of the requirements to the Degree of

DOCTOR OF MEDICINE (SIDDHA)

BRANCH V - NOINAADAL DEPARTMENT

NATIONAL INSTITUTE OF SIDDHA

CHENNAI 47

AFFILIATED TO THE TAMIL NADU Dr. M.G.R.MEDICAL UNIVERSITY

CHENNAI – 32

APRIL - 2013

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ACKNOWLEDGEMENT

I express my sincere thanks to the **Secretary, Department of AYUSH**, Health & Family Welfare, New Delhi.

I express my sincere thanks to the **Vice-chancellor**, The Tamil Nadu Dr. M.G.R. Medical University, Chennai.

I express my gratitude to **Prof.Dr.K.Manickavasagam M.D (S)**, Director, National Institute of Siddha, Chennai, for granting permission to undertake a study in this dissertation topic and also for providing all the basic facilities in order to carry out this work.

I would like to express my profound sense of gratitude to **Prof.Dr.M.Murugesan, M.D (S)**, Former Dean, Head of the Department, Nanju Nool, National institute of Siddha, Chennai for the valuable guidance to complete my project.

I express my sincere thanks to **Prof. Dr.R.S.Ramasamy, M.D (S), Director General, CCRS** and Former Hospital Superintendent, National Institute of Siddha, Chennai.

I take this opportunity to express my deep sense of gratitude, dignity and diligent salutations to **Prof. Dr.M.Logamanian M.D (S), Ph.D., Emeritus Professor of The Tamil Nadu Dr.M.G.R Medical University, Chennai**, Former Head of the department, Noi Naadal, National Institute of Siddha, Chennai-47, for his most valuable guidance to undertake this dissertation study.

I take this opportunity to acknowledge the encouragement offered to me by the HOD's of other departments from time to time.

I express my deep sense of gratitude to **Dr.G.J.Christian M.D (S)**, Associate Professor, Department of Noi Naadal, National Institute of Siddha, for his guidance, memorable support and ceaseless encouragement in carrying out this work.

I express my grateful thanks to **Dr.S.Elansekaran M.D (S)**, Lecturer, Department of Noi Naadal and Deputy Superintendent i/c, National Institute of Siddha, for his guidance, moral support and encouragement.

I express my deep sense of gratitude to **Dr.M.Ramamurthy, M.D (S)**, Lecturer, Department of Noi Naadal, National Institute of Siddha, for his guidance, moral support and encouragement.

I express my sincere thanks to **Dr. RajaveluIndira, M.D (Pathology)**, Head of the Department of Pathology, Madras Medical College, for her valuable support during this work.

I express my sincere thanks to **Dr.J.Sahayaraj, M.D (Pathology)**, Professor of Pathology, Kilpauk Medical College, for his valuable and moral support during this work.

I express my sincere thanks to **Dr.G.Subburaghavalu, M.D (General Medicine)**, Assistant Professor, Department of Medicine, Madras Medical College, Chennai for his valuable support during this work.

I wish to thank **Dr.A.Muthuvel M.Sc (Bio-chemistry), Ph.D.**, Assistant Professor of Biochemistry, National Institute of Siddha for his valuable support during this work.

I wish to thank **Dr.M.Maruthu Ramachandiran, M.Sc (Microbiology), Ph.D.**, Assistant Professor of Microbiology, National Institute of Siddha for his valuable support during this work.

I wish to thank **Mr.M.Subramaniam, M.Sc (Statistics), SRO** in National Institute of Siddha for his valuable support during this work.

I express my sincere gratitude to library incharge **Dr.K.Suresh, M.D (S)**, Lecturer, NIS and library staff of this Institution for their kindly help throughout the project work.

I wish to thank laboratory staff, Hospital staff & Administrative staff.

I thank the library authorities of Dr.Ambedkar library, Roja Mutthiah library, CCRI library and Dr. M.G.R. Medical University from where I derived much of the literary support.

I dedicate my dissertation work to my beloved **Mother Mrs.L.Kamala and Father Mr.D.Logan.**

1. INTRODUCTION

Siddha system of Medicine is a complete holistic medical system that has been practiced in India for 2000 years and above. The Siddha System of medicine, which had its presence in the ancient Tamil land is the foremost of all other medical systems in the world.

The Siddha System is said to have emerged in antiquity, from the highly evolved consciousness of the Siddhars. The clarified intellect and heightened intuition of the Siddhars, resulting from their Yogic powers, enabled them to explore the world around them and exploit its natural resources for the sake of humanity.

The diagnosis of diseases involves identifying its causes. Diagnosing a disease is very important for a physician before he applies or employs any therapeutic remedy. Identification of causative factors is through 1. Observation – observing or sensing the smell, taste, color of body 2. Experimentation – Examination of pulse, tactile perception, urine, faeces, eyes, tongue, study of voice quality. 3. Interrogation - enquiring the patient on several points as regarding duration of disease, his sufferings and habits in respect of food and drink and the digestion or indigestion, sleep, vitality and strength, the state of mind and mental troubles.

The system has worked detailed procedure of urine examination which includes study of its color, smell, density, quantity, and oil drop spreading pattern. When at times there were no technological advancements around as of today, Siddhars tried to convey the art of diagnosing and the appreciation of prognosis to the contemporary world. The scientific knowledge of ancient Siddhars is marvellous and awe – inspiring, and their works are objects of great admiration at present.

Ancient Siddha literatures numbered the diseases as 4448. Among them the diseases pertaining to Nasal region are 86. ‘Peenisam’ is one of the 86 types of Nasal diseases mentioned by Sage Nagamunivar. The term ‘Peenisam’ means an increased flow of mucous from the nose, owing to the inflammation of the membrane or cold in the wind.

The signs and symptoms of Peenisam mentioned in Siddha literature may be correlated with Rhinosinusitis in Modern disease of classification. The comparative studies of Siddha system of Medicine bring to light high level of medical knowledge the Siddhars had.

Rhino Sinusitis affects a tremendous proportion of population, accounts for millions of visits to Primary care Physicians each year, Rhino Sinusitis is a major health care issue that affects in a large proportion. The incidence of chronic sinusitis in Southern Asian countries like India is 136,657,953 out of 1,065,070,607 (US Census Bureau, 2004).

More than 120 million Indians suffer from at least one episode of acute sinusitis each year. The prevalence of sinusitis has soared in the last decade due to increased pollution, urban sprawl, and increased resistance to antibiotics. The incidence of morbidity and mortality among patients with complications of sinusitis has been reported to range from 5% to 40%. A sizable number of patients visit National Institute of Siddha with the clinical features of 'Peenisam'.

The study of Peenisam will be helpful to standardize the diagnosis of Peenisam through Sage Nagamunivar's symptomatology description, which will help clinicians to follow a standard line of treatment and adopt proper preventive measures, so that visits to hospital will get reduced.

Detailed study of the disease Peenisam through the symptomatology mentioned in the Siddha literature will enable the physicians to choose appropriate treatment from the wide range of medicines found scattered in the literature with indications of Rhinosinusitis with specific symptomatology groups. Medicines indicated for one group of symptomatology of the same disease may not be found to be a mainstay of therapy to another. Hence emphasis on the study of symptomatology is very vital for the institution of right kind of treatment.

The study was aimed at evolving a set of exclusive Siddha diagnostic methods for Peenisam and to correlate the symptoms of Peenisam with that of closely resembling condition in modern medical literature.

By relating the ancient Siddha literature with today's, there will be both augmentation of the knowledge of diagnosis and its treatment.

The author was aimed at delving in depth into the clinical features mentioned under highly prevailing disease 'Peenisam' by Sage Nagamunivar and to structure the Siddha diagnosis and prognostic pattern of Peenisam.

2. AIM AND OBJECTIVES

2.1 AIM:

To conduct a study on *Peenisam* as mentioned in *Nagamunivar Thalai Noi Maruthuvam*, thereby to evolve a diagnostic methodology for *Peenisam* in Siddha system of medicine.

2.2 OBJECTIVES:

2.2.1 PRIMARY OBJECTIVES:

1. To elucidate a diagnostic methodology for *Peenisam*.
2. To conduct the cause and clinical course of the disease by keen observation on the symptoms of *Peenisam*.
3. To correlate clinically, the symptoms of *Peenisam* with that of closely resembling condition in modern medical literature which in turn helps in globalization of Siddha system among other medical systems.

2.2.2 SECONDARY OBJECTIVES:

1. To analyse literally on the etiology, pathogenesis, Clinical presentation of *Peenisam*.
2. To help in deriving a proper line of treatment and preventive measures for *Peenisam* based on Siddha system of medicine by evolving a diagnostic method for the disease.

3. REVIEW OF LITERATURE- SIDDHA

A.SIDDHA PHYSIOLOGY

3. A.1. SUGARANA NILAI (PHYSIOLOGICAL STATE) IN SIDDHA MEDICINE

The five basic elements, namely Aagayam (Space), Kaal (Air), Thee (Fire), Neer (Water), and Mann (Earth) are the building blocks of all the physical and subtle bodies existing in this whole universe. These are called as the ‘Adippadai Boothams’ (Basic Elements) (or) ‘Panchaboothams’.

These five elements together constitute the human body and origin of other material objects are explained as Pancheekaranam (Mutual Intra Inclusion). None of these elements could act independently by themselves. They could act only in co-ordination with other four elements. All the living creatures and the non-living things are made up of these five basic elements. The five basic elements form the connecting link between the Microcosm (Man) and Macrocosm (World) . This concept is evident from Siddhar’s lines,

“அண்டத்தில் உள்ளதே பிண்டம்;

பிண்டத்தில் உள்ளதே அண்டம்”

Any change in the universe due to natural or unnatural causes will create changes in human systems. For example the natural disorders like cyclone, heavy rain, mist and scorching sun or man created impurities of air and water will create changes both in the atmosphere and in the human body. Hence the change in the elementary conditions of external world has its corresponding change in the human organs.

உலகம் பஞ்ச பூதம்

"நிலம் நீர்தீவளி விசம்போடைந்தும்

கலந்தமயக் கமுலகம் மாதலின்"

-தொல்காப்பியம்

தேகம் பஞ்ச பூதம்

"தலங்காட்டி இந்தச் சடமான ஐம்பூதம்
நிலங்காட்டி நீர் காட்டி நின்றிடுந் தீ காட்டி
வலங்காட்டி வாயுவால் வளர்ந்தே இருந்தது
குலங்காட்டி வானில் குடியாய் இருந்ததே".

-பதினென் சித்தர் நாடி சாஸ்திரம்

As per the above lines, the universe and the human body are made of five basic elements.

3. A.2. THE 96 BASIC PRINCIPLES (96 Thathuvam)

According to Siddha system of medicine, 'Thathuvam' is considered as a science that deals with basic functions of the human body. Siddhars described 96 principles as the basic constituents of human body that include physical, physiological, psychological and intellectual components of an individual. These 96 Thathuvams are considered to be the cause and effect of our physical and mental well-being. The Thathuvam is the author of the conception of human embryo on which the theory of medicine is based.

1. BOOTHAM – 5 (ELEMENTS)

- | | |
|------------|-----------------------|
| 1. Aagayam | - Firmament |
| 2. Vaayu | - Flatus(Air) |
| 3. Thee | - Fire |
| 4. Neer | - Fluid(Water) |
| 5. Mann | - Firm Ground(Earth) |

2. PORI – 5 (SENSE ORGANS)

- | | |
|--------------------|--|
| 1. Sevi (Ear) | -a structural component of 'Aagayam' bootham |
| 2. Thol (Skin) | -a structural component of 'Vaayu' bootham |
| 3. Kann (Eye) | -a structural component of 'Thee' bootham |
| 4. Naakku (Tongue) | -a structural component of 'Neer' bootham |
| 5. Mookku (Nose) | -a structural component of 'Mann' bootham |

3. PULAN – 5 (*FUNCTIONS OF SENSE ORGANS*)

- | | |
|--------------|---|
| 1. Kaetal | -Hearing, a functional component of Aagayam bootham |
| 2. Thoduthal | -Touch, a functional component of Vaayu bootham |
| 3. Paarthal | -Vision, a functional component of Thee bootham |
| 4. Suvaithal | -Taste, a functional component of Neer bootham |
| 5. Nugarthal | -Smell, a functional component of Mann bootham |

4. KANMENTHIRIYAM – 5 (*MOTOR ORGANS*)

- | | |
|--------------------------|---|
| 1. Vaai (Mouth) | - Speech is delivered in relation with Space element. |
| 2. Kaal (Leg) | -Walking takes place in concordance with Air element. |
| 3. Kai (Hands) | -Giving/Taking are carried out with the influence of Fire element. |
| 4. Eruvaai (Rectum) | -The excreta is eliminated in association with Water element. |
| 5. Karuvaai (Sex Organs) | -The Sexual acts are carried out in association with the earth element. |

5. KARANAM – 4 (*INTELLECTUAL FACULTIES*)

- | | |
|---------------|---|
| 1. Manam | - Thinking about something |
| 2. Bhuddhi | - Deeply analyzes the same |
| 3. Agankaaram | - Determination to do the same |
| 4. Siddham | - Accomplishment of the determined
Thing |

6. ARIVU – 1 (*WISDOM OF SELF REALIZATION*)

To analyze good and bad

7. NAADI – 10 (*CHANNELS OF LIFE FORCE RESPONSIBLE FOR THE DYNAMICS OF PRANAN*)

- | | |
|---------------|---|
| 1. Idakalai | - Starts from the right big toe, runs criss-cross to end in the left nostril |
| 2. Pinkalai | - Starts from the left big toe, runs criss-cross to end at the right nostril. |
| 3. Suzhumunai | -Starts from moolaathaaram and extends upto centre of head |

- | | |
|---------------|---|
| 4. Siguvai | - Located at the root of tongue; it helps in the swallowing of food and water |
| 5. Purudan | -Located in right eye. |
| 6. Kanthari | -Located in left eye. |
| 7. Atthi | -Located in right ear. |
| 8. Allampudai | -Located in left ear. |
| 9. Sangini | -Located in genital organ |
| 10. Gugu | -Located in ano-rectal region |

8. VAAYU – 10 (*VITAL NERVE FORCE WHICH IS RESPONSIBLE FOR ALL KINDS OF MOVEMENTS*)

1. Uyir kaal (Piraanan)

This is responsible for the respiration of the tissues, controlling knowledge, mind and five sense organs and digestion of the food taken in.

2. Keel nokku kaal (Abanan)

It lies below the umbilicus. It is responsible for the downward expulsion of stools and urine, ejaculation of semen and menstruation.

3. Paravu kaal (Viyanan)

This is responsible for the motor and sensory function of the entire body and the distribution of nutrients to various tissues.

4. Mael nokku kaal (Uthanan)

It originates at Utharakini. It is responsible for digestion, absorption and distribution of food. It is responsible for all the upward movements.

5. Samaanan (Nadu kaal)

This is responsible for the neutralization of the other 4 Valis i.e. Piranan, Abanan, Viyanan and Uthanan. Moreover it is responsible for the nutrients and water balance of the body.

6. Naagan

It is a driving force of eye balls responsible for movements.

7. Koorman

It is responsible for the opening and closing of the eyelids and also vision. It is responsible for yawning.

8. Kirukaran

It is responsible for the salivation of the tongue and also nasal secretion. Responsible for cough and sneezing and induces hunger.

9. Devathathan

This aggravates the emotional disturbances like anger, lust, frustration etc. As emotional disturbances influence to a great extent the physiological activities, it is responsible for the emotional upsets.

10. Dhanancheyan

Expelled three days after the death by bursting out of the cranium. It is responsible for edema, plethora and abnormal swelling in the body in the pathological state.

9. AASAYAM – 5 (VISCERAL CAVITIES)

1. Amarvasayam (Reservoir Organ) - Stomach. It lodges the ingested food.

2. Pakirvasayam (Absorption Site)-Small intestine. The digestion and assimilation of food, absorption of saaram from the digested food are done by this asayam.

3. Malavasayam (Excretory organ for solid waste) -Large Intestine, especially rectum, the place where the expulsion of undigested food parts and flatus takes place.

4. Chalavasayam (Excretory organ for liquid waste)- Urinary Bladder, kidney. Site of the formation and excretion of urine.

5. Sukkilavasyam (Genital organs.) –Site of production and development of spermatazoa and ovum.

10. KOSAM – 5 (*FIVE STATUS OF THE HUMAN BODY OR SHEATH*)

1. Annamaya Kosam - Gastro intestinal system
2. Pranamaya Kosam - Respiratory system
3. Manomaya Kosam - Mental System
4. Vignanamaya Kosam - Nervous system and higher intellect
5. Aananthamaya Kosam - Reproductive system

11. AATHARAM – 6 (*STATIONS OF SOUL*) “ஓம் ந ம சி வா ய”

1. Moolatharam

Situated at the base of spinal column between genital and anal orifice and beneath the perineum. Letter “ஓம்” is stationed here.

2. Swathitanam

Located 2 fingerwidths above the Moolaathaaram, (i.e.) midway between genital and navel region. Letter “ந” is inherently present here. Earth element is attributed to this region.

3. Manipooragam

Located 8 fingerwidths above the Swathitanam, (i.e.) at the naval center. Letter “ம” is inherently present here. Element is water.

4. Anakatham

Located 10 fingerwidths above Manipooragam, (i.e.) location of heart. Letter found is “சி”. Element is fire.

5. Visuthi

Located 10 fingerwidths above the Anakatham (i.e.) located in throat. Letter “வா” is inherently present. Element is Air.

6. Aakinai

Situated between the two eyebrows. Letter “w” is inherently present here.

Element is Space

12. MANDALAM – 3 (*REGIONS*)

1. Thee Mandalam (fire zone)

Fire Zone is found 2 finger widths above the Moolaathaaram

2. Gnayiru Mandalam (Solar zone)

Solar zone, located 4 finger widths above the umbilicus.

3. Thingal Mandalam (lunar zone)

Lunar zone is situated at the center of two eye brows

13. MALAM – 3 (*THREE IMPURITIES OF THE SOUL*)

1. Aanavam

This act clouds the clarity of thought, cognitive power of the soul, yielding to the egocentric consciousness like ‘I’ and ‘Mine’ claiming everything to be his own (Greediness).

2. Kanmam

Goes in collaboration with the other two responsible for incurring Paavam (the Sin) and Punniyam (Sanctity / virtuous deed).

3. Mayai

Serves as an obstacle due to the mentality of claiming ownership of the others property and thereby inviting troubles.

14. THODAM- 3 (*THREE HUMOURS*)

1. Vali (Vatham) - It is the creative force formed by combination of Vaayu and

Aakaya bootham

2. Azhal (Pitham) - It is the protective force. Formed by Thee bootham

3. Iyam (Kabam) -It is the destructive force. Formed by Mann and Neer

Bootham

15. EADANAI -3 (*PHYSICAL BINDINGS*)

- 1. Porul Patru - Materialistic affinity
- 2. Puthalvar Patru - Sibbling / Familial bonding
- 3. Ulaga Patru - Worldly affections

16. GUNAM – 3 (*THREE COSMIC QUALITIES*)

- 1. Sathuvam (Characters of Renunciations or Ascetic Virtues)

The grace, control of senses, wisdom, penance, generosity, Excellence, calmness, truthfulness is the 8 qualities attributed to their benevolent trait.

- 2. Raasatham (Royal character)

Enthusiasm, wisdom, valour, virtue, penance, offering gift, art of Learning, listening are the 8 traits

- 3. Thamasam (Carnal / Immoral Character)

Immorality, lust, anger, murderousness, violation of justice, gluttony, falsehood, forgetfulness, fraudulence, etc.

17. VINAI – 2 (*ACT*)

- 1. Nalvinai - Good Acts (Meritorious acts)
- 2. Theevinai - Bad Acts (Sinful acts)

18. RAGAM – 8 (*THE EIGHT PASSIONS*)

- 1. Kaamam - Lust
- 2. Kurotham - Grudge / Hatred
- 3. Ulobam - Stingy
- 4. Moham - Infatuation
- 5. Matham - Rut (The feeling of high ego towards oneself)
- 6. Marcharyam - Internal Conflict, Envy
- 7. Idumbai - Mockery
- 8. Ahankaram - High Ego

19. AVATHAI – 5 (FIVE STATES OF CONSCIOUSNESS)

1. **Ninaivu** - State of wakefulness with the 14 karuvikaranathigal in all vibrancy (5 Pulan, 5 Kanmaenthiriyam and 4 Karanam) and is able to experience the pleasures and pains

2. **Kanavu**– State of dreams. In this 10 karuvikaranathigal

(5 Pulan, 5 Kanmaenthiriyam) except karanam all lies dormant in the neck.

3. **Urakkam** - State of Sleep after which one cannot recapitulate what is seen or heard. The respiration lies in the heart.

4. **Perurakkam** - State of Repose (Tranquil or Peaceful State). The Jeevaathma lies in the naabi, producing the respiration.

5. **Uyirpadakkam** – Oblivious of the surroundings. The Jeevaathma is deeply immersed in Moolaathaaram resulting in a state of unawareness.

3. A.3.THE UYIR THATHUKKAL

The physiological units of the Human body are,

- Vali (Vatham),
- Azhal (Pitham) and
- Iyyam (Kapham).

They are also formed by the combination of the five basic elements. Accordingly Vali is formed by the combination of Vali (Air) and Aagayam (Space). This is the Creative force. Azhal is formed by Thee (Fire). This is the Force of Preservation. Iyyam is formed by Mann (Earth) and Neer (Water). This is the Destructive Force. These three humors are in the ratio 4:2:1 in equilibrium which is a healthy normal Condition. They are called as the life forces or humours.

"பொங்கிய தைந்துக்குள் பொல்லாதது இம் மூன்றுதான்

தங்கிய வாயு சமத்தன் மகாவாதம்

பங்கிய வன்னியால் பகுந்தது பித்தமே

பகுந்த சலத்தில் பரிசிக்கும் நல்லையும்

வகுந்த இம்முன்றால் வளர்ந்தது நோயெல்லாம்
அகுந்தது தானறிந்து அளவிட்ட யோகிகள்
மகிழ்ந்தே யிதில் நின்ற மயக்கம் அறிவாறே"

-பதினென் சித்தர் நாடி சாஸ்திரம்

THE FORMATION OF UYIR THATHUKKAL,

மூவகை நாடியும் உயிர் தாதுவும்

"தாது முறையே தனிஇடை வாதமாம்
போதுறு பின்கலை புகன்றது பித்தமாம்
மாது சுழுமுனை வழங்கிடும் ஐயமாம்
ஒது முறை பார்த்து உணர்ந்தவர் சித்தரே"

-பதினென் சித்தர் நாடி சாஸ்திரம்

மூவகை வாயுவும் உயிர் தாதுவும்

"உணர்ந்த அபானன் உறும் அந்த வாதத்தில்
புணர்ந்த பிராணன் புகும் அந்தப் பித்தத்தில்
அணைந்த சமானன் அடங்கும் கபத்தோடு
இணைந்திவை மூன்றுக்கு எடுத்த குறி ஒன்றே"

-பதினென் சித்தர் நாடி சாஸ்திரம்

The Vali naadi is formed by the combination of Abanan and Idagalai.

The Azhal naadi is formed by the combination of Piranan and Pinkalai.

The Iyya naadi is formed by the combination of Samanan and Suzhumunai.

I.Vali (Vatham)

Vali is soft, fine and the temperate (coolness and hotness) which could be felt by touch.

The sites of vali

According to **Vaithya Sathakam**, Vali dwells in the following places:

"நெளிந்திட்ட வாதமபானத்தைப் பற்றி
நிறைந்திடையைச் சேர்ந்துந்திக் கீழே நின்று
குளிந்திட்ட மூடமதூ டெழுந்து காமக்
கோடியிடையைப் பற்றியெழுங் றொக்கை நாடி
நிணமான பொருத்திடமும் ரோமக் காலும்
நிறைவாகி மாங்கிசமெல் லாம்பரந்து"
-வைத்திய சதகம்

Umbilicus, Rectum, Faecal matter, Abdomen, Anal region, Bones, Hip joints, Navel Plexus, Joints, Hair follicle and Muscles.

"அறிந்திடும் வாத மடங்கு மலத்தினில்"

-திருமூலர்

"நாமென்ற வாதத்துக் கிருப்பிடமே கேளாய்
நாபிக்குக் கீழென்று நவில லாகும்"

-யுகி

According to Sage Thirumoolar and Sage Yugi muni, the location of Vatham is the anus and the sub navel region.

Properties of Vali

"ஒழுங்குடனே தாதேழ் மூச்சோங்கி இயங்க
எழுச்சிபெற எப்பணியுமாற்ற எழுந்திரிய
வேகம் புலன்களுக்கு மேவச் சுறுசுறுப்பு
வாகளிக்கும் மாந்தர்க்கு வாயு"
-சித்த மருத்துவாங்கச் சுருக்கம்

The following are the natural properties of Vali

- 1) To stimulate the respiration
- 2) To activate the body, mind and the intellect.
- 3) To activate the fourteen different types of natural reflexes or urges.
- 4) To activate the seven physical constituents in functional co- ordination.
- 5) To strengthen the five sense organs.

In the above process Vatham plays a vital role in assisting the body functions.

II. Azhal (Pitham)

The nature of Azhal is Atomic. It is sharp and hot. The ghee becomes watery, salt crystallises and jaggery melts because of heat. The heat of Azhal is responsible for many actions and their reactions.

The sites of Azhal

According to **Vaithiya Sathagam**, the Pingalai, Urinary bladder, Stomach and Heart are the places where Azhal is sustained. In addition to the above places, the umbilicus, epigastric region, stomach, sweat, saliva, blood, essence of food, eyes and skin are also the places where Azhal sustains. Yugi muni says that, the Azhal resides in urine and in the places below the neck region.

The character of Azhal

Azhal is responsible for the digestion, vision, maintenance of the body temperature, hunger, thirst, taste etc. Its other functions include thought, knowledge, strength and softness.

The functions of Azhal

- 1) Maintenance of body temperature
- 2) Produces reddish or yellowish colour of the body.
- 3) Produce heat energy on digestion of food.
- 4) Produces sweating
- 5) Induces giddiness.
- 6) Produces blood and the excess blood is let out.

- 7) Gives yellowish colouration to the skin, eyes, faeces and urine
- 8) Produce anger, heat, burning sensation, inaction and determination.
- 9) Gives bitter or sour taste.

Types of Azhal

1. Aakkanal – Anila pitham or Prasaka pitham – The fire of digestion.

It lies between the stomach and the intestine and causes digestion and dries up the moist ingested substance.

2. Vanna eri – Ranjaga pitham – Blood promoting fire

This fire lies in the stomach and gives red colour to the chyle and produces blood. It improves blood.

3. Aatralanki – Saathaga pitham – The fire of achievement

It gives energy to do the work.

4. Ulloli thee – Prasaka pitham – The fire of brightness.

It gives colour, complexion and lusture to the skin.

5. Nokku Azhal – Alosaga pitham – The fire of vision.

It lies within the eyes and causes the faculty of vision. It helps to visualize things.

III. Iyyam (Kapam)

The nature of Iyyam

Greasy, cool, dull, viscous, soft and compact are the natures of Iyyam.

Sites of Iyyam

Head, tongue, eyes, nose, throat, thorax, bone, bone marrow, Joints, blood, fat, sperm and colon are the sites of Iyyam. It also lies in stomach, spleen, the pancreas, chyle and lymph.

The natural quality of Iyyam

Stability, greasiness, formation of joints, the ability to withstand hunger, thirst, sorrow and distress are the qualities. It also helps to withstand sufferings.

Functions of Iyyam

Greasiness, strength, roughness, knowledge, cool, growth, heaviness of bone, restriction of joint movements, pallor, indigestion, deep sleep and to have a sweet taste in tongue are the functions of Iyyam. The skin, eyes, faeces and urine are white in colour due to the influence of Iyyam.

Five types of Iyyam

1. Azhal Iyyam -Avalambagam

Heart is the seat of Avalambagam. It controls all other 4 Iyyams

2. Neerpi iyyam -Kilethagam

Its location is stomach. It gives moisture and softness to ingested food.

3. Suvai kaan iyyam – pothagam

Its location is tongue. It is responsible for the sense of taste.

4. Niraivur iyyam – Tharpagam

It gives coolness to the eyes.

5. Ondri iyyam – Santhigam

It gives lubrication to the bones particularly in the joints

3. A.4. THE UDAL THATHUKKAL

Udal Thathukkal are the basic physical constituents of the body. They are also constituted by the Five Elements.

SEVEN PHYSICAL CONSTITUENTS OF THE BODY

1. **Saaram** -This gives mental and physical perseverance.
2. **Senneer** -Imparts colour to the body and nourishes the body
3. **Oon** -It gives shape to the body according to the physical activity and plasters the skeleton to give the body a plumpy appearance.
4. **Kozhuppu** -It lubricates the joints and other parts of the body for smooth functioning.
5. **Enbu** -Supports the frame and responsible for the postures and movements of the body.
6. **Moolai** -It occupies the medulla of the bones and gives strength and softness to them.
7. **Sukkilam** -It is responsible for reproduction.

3. A.5. UDAL THEE (Four kinds of body fire)

There are four kinds of body fire. They are Samaakkini, Vishamaakkini, Deeshaakkini and Manthaakkini.

1. Samaakkini

The digestive fire is called as Samaakkini. This is constituted by Samana Vayu, Anala Pitham and kilethaga Kapham. If they are in normal proportion, then it is called as Samaakkini. It is responsible for the normal digestion of the food.

2. Vishamaakkini

Due to deranged and displaced Samana Vayu, it takes longer time for digestion of normal food. It is responsible for indigestion due to delay in digestive process.

3. Deeshaakkini

The Samana vayu blends up with the Azhal, which leads to increased Anala Pitham, so food is digested rapidly.

4. Manthaakkini

The Samana vayu conjugates with the Iyyam, which leads to increased Kilethaga Kapham. Therefore food is sluggishly digested for a very longer period leading to abdominal pain, distention, heaviness of the body etc.

3. A.6.THINAI

There are five thinai (the land)

- | | |
|-------------|--|
| 1. Kurinchi | - Mountain and associated areas |
| 2. Mullai | - Forest and associated areas |
| 3. Marudham | - Agricultural land and associated areas |
| 4. Neidhal | - The coastal and associated areas |
| 5. Paalai | - Desert and associated areas |

3. A.7. KAALAM

Ancient Tamilians divided a year into six different seasons known as Perumpozhudhu and likewise the day into six segments which are known as Sirupozhudhu

Perumpozhudhu:

A year is divided into six seasons. They are as follows

- Kaarkalam – Monsoon season (August 16 – October 15)
- Koothirkalam – Postmonsoon season (October 16 – December 15)
- Munpanikalam – Early winter season (December 16 – February 15)
- Pin panikalam – Late winter season (February 16 – April 15)
- Illavenilkalam – Early summer season (April 16 – June 15)
- Mudhuvenilkalam – Late summer season (June 16 – August 15)

Sirupozhuthu

A day is divided into six yamams. They are,

1. Maalai (Evening),
2. Idaiyammam (Midnight),
3. Vaikarai (Dawn),
4. Kaalai (Morning),
5. Nannpakal (Noon),
6. Erpaddu (Afternoon).

Each perumpozhuthu and sirupozhuthu is associated with the three humors naturally.

3. A.8.FOURTEEN NATURAL REFLEXES/ URGES

The natural reflexes excretory, protective and preventive mechanisms are responsible for the urges and instincts. They are 14 in number,

1. Vatham (Flatus)
2. Thummal (Sneezing)
3. Siruneer (Micturition)
4. Malam (Defaecation)
5. Kottavi (Act of yawning)
6. Pasi (Sensation of hunger)
7. Neer vetkai (Sensation of thirst)
8. Erumal (Coughing)
9. Ellaipu (Fatigue)
10. Thookam (Sleep)
11. Vaanthi (Vomiting)
12. Kaneer (Tears)
13. Sukilam (Semen)
14. Suvasam (Breathing)

These natural reflexes are said to be an indication of normal functioning of our body. A proper maintenance should be carried out and they should not be restrained with force.

3.b.1. KUGARANA NILAI IN SIDDHA MEDICINE

According to Siddha System, human body sustains the state of healthy living via keeping the Three Humours- Vatham, Pitham and Kabam in equilibrium, influenced by dietary habits, daily activities and the environment around. The three humours represent the five basic elements or bhuthas. In case this equilibrium is disturbed, it leads to a condition known as disease. It is basically the derangement of five elements, which in turn alters the Three Humors. There can either be a decrease or increase in the balance.

3. b.2. DISEASE

Disease is also known by other names viz sickness, distemper, suffering and ailment, distress of mind, chronic disease and dreadful illness.

3.b.3. THE CHARACTERISTICS FEATURE OF DISEASE

Diseases are of two kinds:

1. Pertaining to the body
2. Pertaining to the mind according to the variation of the three humors.

1. Causes of Disease

Excepting the disease caused by our previous births, the disease is normally caused by the disparities in our food habits and actions. This has been rightly quoted in the following verses by Sage Thiruvalluvar,

"மிகினும் குறையினும் நோய்செய்யும் நூலோர்

வளிமுதலா வெண்ணிய முன்று"

-திருவள்ளுவர்

The food and actions of a person should be in harmony with the nature of his body. Any increase or decrease in a humor viz. Vatham, Pitham, Kabam leads to the derangement of the three humors. The acceptance of food means the taste and quality of the food eaten and a person's ability to digest. 'Action' mean his good words, deeds or bad actions. According to Thiruvalluvar, the

disease is caused due to the increase or decrease of three humors causing the upset of equilibrium.

So disease is a condition in which there is derangement in the five elements, which alters the three humors, reflected in turn in the seven physical constituents. The change could be an increase or decrease in the humours. This shows the following signs as per vitiation of the individual humour.

நோய் பிறக்கும் வகை

"பிணியினுற் பத்தியைப் பேசுவேன் பிணிமுதல்
வாதபித் தங்கப் மன்மந்திரி தந்திரி
வீதமா யுடலரண் மெய்ப்புர வரச்செய்
முறைசெயு மாதலான் முதற்புர மென்றுட
கறைகுவ ராரிய ரதன்பரி வாரமா
நோய்க்கண மிகுதியி னணுகுநுட் பமதாய்ப்
பேய்க்கண மாமவை பெரும்பசி தாகுமூர்
வழிநடை வெயின்மழை மலிதணீர் நனைவுடன்
மந்தமாங் காரமாய் வார்த்தையா டுத(ற்)றுயில்
வந்தவை விலக்குதன் மாதரைக் கூடுதல்'
வெந்தறு கட்கதம் வீரமாய்ச் சுமத்தலும்
மலசல பந்தனை வருமித னனமிகப்
பெலமுறு நோய்களும் பிறப்பதும் நிச்சயம்."

- தேரையர் காப்பியம்

As per Theraiyar, the cause of disease is vitiated Vatha, Pitha and Kaba, increased appetite, increased thirst, excessive hot, anger, constipation, dysuria polluted water.

2. QUANTITATIVE CHANGES OF UYIR THATHUKKAL

HUMOUR	INCREASED	DECREASED
3 VALI (Vatham) U D A	Wasting, blackish discoloration, affinity to hot foods, tremors, distended abdomen, constipation, weakness, insomnia, weakness in sense organs, giddiness and laziness.	Body pain, feeble voice, and diminished capability of the brain, decreased intellectual quotient, syncope and increased kaba condition.
L AZHAL (Pitham) T H	Yellowish discoloration of conjunctiva, skin, urine and faeces, polyphagia, polydypsia, dyspepsia, burning sensation all over the body and decreased sleep.	Loss of appetite, cold, pallor and features of increased kabam.
A IYYAM (Kabbam) H U K	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough and excessive sleep.	Giddiness, dryness of the joints and prominence of bones. Profuse sweating in the hair follicles and palpitation.

3. UDAL KATTUKKAL These are the changes produced when Udal thathukkal are affected.

UDAL KATTUKKAL	INCREASED FEATURES	DECREASED FEATURES
1.SARAM	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough & excessive sleep.	Dryness of skin, tiredness, loss of weight, lassitude and irritability while hearing louder sounds.
2.SENNEER	Boils in different parts of the body, spleenomegaly, tumours, pricking pain, loss of appetite, haematuria, hypertension, reddish eye and skin, leprosy and jaundice.	Affinity to sour and cold food, nervous, debility, dryness and pallor.
3.OON	Tubercular adenitis, venereal diseases, extra growth around neck, cheeks, abdomen, thigh and genitalia.	Lethargic sense organs, pain in the joints, muscle wasting in mandibular region, gluteal region, penis and thighs.
4.KOZHUPPU	Identical feature of increased flesh, tiredness, dyspnoea on exertion, extra musculature in gluteal region, external genitalia, chest, abdomen and thighs.	Loins pain, spleenomegaly and emaciation.
5.ENBU	Excessive ossification and dentition.	Joint pain, falling of teeth, falling and splitting of hairs and nails.
6.MOOLAI	Heaviness of the body and eyes, swollen interphalangeal joints, oliguria and non-healing ulcers.	Osteoporosis & Blurred vision.
7.SUKKILAM (OR) SURONITHAM	Increased sexual activity, urinary calculi.	Dribbling of sukkilam/ suronitham or senner during coitus, pricking pain in the testis & inflamed and contused external genitalia.

4. KAALAM

Change in Elementary conditions of the external world has its corresponding change in the human organs. They are as follows:

KALAM	KUTTRAM	STATE OF KUTTRAM
1. Karkaalam (Rainy season) (Aavani – Puratasi) (Aug 16 – Oct 15)	Vatham ↑↑ Pitham ↑ Kabam (--)	Ectopic escalation Insitu escalation Restitution
2. Koothir Kaalam (Postrainy season) (Iypasi – Karthigai) (Oct 16 – Dec 15)	Vatham (--) Pitham ↑↑ Kabam (--)	Restitution Ectopic escalation Restitution
3. MunpaniKaalam (Winter season) (Markazhi – Thai) (Dec 16 – Feb 15)	Vatham (--) Pitham (--) Kabam (--)	Restitution Restitution Restitution
4. Pinpani Kaalam (Post winter) (Masi – Panguni) (Feb 16 – Apr 15)	Vatham (--) Pitham (--) Kabam ↑	Restitution Restitution Insitu escalation
5. Elavenir Kaalam (Summer) (Chithirai–Vaikasi) (Apr 16 – Jun 15)	Vatham (--) Pitham (--) Kabam ↑↑	Restitution Restitution Ectopic escalation
6. MudhuvenirKaalam (Post summer) (Aani – Aadi) (Jun 16 – Aug 15)	Vatham ↑ Kabam (--)	Insitu escalation Restitution

5. THINAI

S. NO	THINAI	LAND	HUMORS
1.	Kurinchi	Mountain and its surroundings Hilly terrain	Kabam
2.	Mullai	Forest and its surroundings Forest ranges	Pitham
3.	Marutham	Farm land and its surroundings Cultivable lands	All three humors are in equilibrium
4.	Neithal	Sea shore and its adjoining areas, Coastal belt	Vatham
5.	Palai	Desert and its surroundings Arid zone	All three humors are affected.

6. Alteration in Reflexes (14 Vegangal)

There are 14 natural reflexes involved in the physiology of normal human beings. If willfully restrained or suppressed, the following are resulted.

1. Vatham (Flatus)

This urge should not be suppressed. If it is suppressed it leads to chest pain, epigastric pain. Abdominal pain, ache, constipation, dysuria and indigestion predominate.

2. Thummal (Sneezing)

If restrained, it leads to headache, facial pain, low back pain and neuritic pain in the sense organs.

3. Siruneer (urine)

If restrained, it leads to urinary retention, urethral ulcer, joint pain, pain in the penis, gas formation in abdomen.

4. Malam (Faeces)

If restrained, it leads to pain in the knee joints, headache, general weakness, flatulence and other diseases may also originate.

5. Kottavi (Yawning)

If restrained, it leads to indigestion, leucorrhoea, and abdominal disorders.

6. Pasi (Hunger)

If restrained, it leads to the tiredness of all organs, emaciation, syncope, apathetic face and joint pain.

7. Neer vetkai (thirst)

If restrained, it leads to the affection of all organs and pain may supervene.

8. Kaasam (Cough)

If it is restrained, severe cough, bad breath and heart diseases will be resulted.

9. Ilaippu (Exhaustiveness)

If restrained, it will lead to fainting, urinary disorders and rigor.

10. Nithirai (Sleep)

All organs will get rest only during sleep. So it should not be avoided. If disturbed it will lead to headache, pain in the eyes, deafness and slurred speech.

11. Vaanthi (Vomiting)

If restrained, it leads to itching and symptoms of increased Pitham.

12. Kanneer (Tears)

If it is restrained, it will lead to Sinusitis, headache, eye diseases and Chest pain.

13. Sukkilam (Semen)

If it is restrained, there will be joint pain, difficulty in urination, fever and chest pain.

14. Swaasam (Breathing)

If it is restrained, there will be cough, abdominal discomfort and Anorexia.

3. C.DIAGNOSTIC METHODOLOGY

The Diagnostic methodology in Siddha system is unique as it is made purely on the basis of clinical acumen of the physician. The diagnosis is arrived from,

- Poriyal arithal and Pulanal arithal (examination of sense organs)
- Vinaathal (Interrogation)
- Envagai thervu (eight fold examination)
- Manikkadai nool (wrist circumference sign)
- Sothidam (astrology)
- Assessment of deranged three dosham (humours), Udal thathukal and 96 principles.

PORIYAL ARIDHAL

The physician should examine the patient's porigal by his porigal.

- | | | |
|----------|---|--------------------------------|
| 1. Mei | - | To feel all types of sensation |
| 2. Vaai | - | For knowing taste |
| 3. Kan | - | For vision |
| 4. Mooku | - | For knowing the smell |
| 5. Sevi | - | For hearing |

PULANAL ARITHAL

The physician should examine the patient's pulangal by his porigal & Pulangal

- | | | |
|--------------|---|--------|
| 1. Hearing | - | Ear |
| 2. Vision | - | Eye |
| 3. Taste | - | Tongue |
| 4. Sensation | - | Skin |
| 5. Smell | - | Nose |

VINAADHAL (INTERROGATION)

The physician should interrogate the patient's name, age, occupation, native place, Socio – economic status, dietary habits, present complaints, history of present illness, aggravating factors, history of previous illness

ENVAGAI THERVUGAL

“அகத்துறு நோயை கரத்தாம லகம்போல்
பகுத்தறிவீர் நாடிப் பரிசம் - தொகுத்த நிறம்
கட்டுவகைச் சொல்மொழிக்ண் கண்ட மல மூத்திரம் நா
எட்டுவகை யாலு மறிவீர்”

- அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

According to Agathiyar Vaithiya Sinthaamani Venba – 4000, the Envagaithervu Includes Naadi (Pulse) Naa (Tongue), Niram (Color), Mozhi (Voice), Vizhi (Eyes), Malam (Faeces), Neer (Urine) and Sparisam (Touch & palpation).

"நாடி பரிசம் நாநிறம் மொழிவிழி
மலம் மூத்திரம் மருத்துவராயுதம்"
-தேரையர்.

"மெய்குறி நிறந்தொனி விழிநாவிருமலம் கைக்குறி"
-தேரையர்.

As per Saint Therayar, the eight methods of diagnosis are Naadi (Pulse) Naa (Tongue), Niram (Color), Mozhi (Voice), Vizhi (Eyes), Malam (Faeces), Neer (Urine) and Sparisam (Touch & palpation).

பதினெண் சித்தர் நாடி சாத்திரம்

"பாரீர்நாடி யறிந்து உணர்ந்து பரமன் செயலும் பிணிமுறையும்
நீரேயோடு மலசலமும் நிறமுங் குணமு முகக்குறியும்
சாரே யிணங்குங்குழல் மடவீர்காலன் றேகம் வயதிளமை
தேரேயறியுமுகநாடி நெறிங்குறியுஞ் செறியுஞ் சொல்வோமே"

-பதினெண் சித்தர் நாடி சாத்திரம்

As per Sage Agathiyar, Naadi (pulse), Malam (stools), Salam (urine), Niram (complexion), Gunam (character), MugaKuri (facies), Thegam (constitution), Vayadhu (age), Elamai are the diagnostic tools.

"தொகுக்கலுற்ற அட்டவிதப் பரீட்சை தன்னை
துலக்கமுரும் பண்டிதரே தெளிவதாகப்
பகுக்கரிய நாடியை நீ பிடித்துப் பாரு
பகர்கின்ர வார்தையைப்பார் நாவைப்பாரு
வகுக்கரிய தேகமதைத் தொட்டுப்பாரு
வளமான சரீரத்தின் நிறத்தைப் பாரு
சகிக்கரிய மலத்தைப்பார் சலத்தைப் பாரு
சார்ந்தவிழி தனைப்பார்த்துத் தெளிவாய்க் கானே"
-கண்ணுசாமிப்பரம்பரை வைத்தியம்

According to literature KannuSaami Paramparai Vaithiyam, Naadi, Naa, Thegam, Thodu unarvu, Niram, Malam, Salam and Vizhi are the diagnostic tools.

அகத்தியர் வைத்திய ரத்தின சுருக்கம்

"நாடியால் முன்னோர் சொன்ன நற்குறிகுணங்களாகும்
நீடிய விழியினாலும் நின்ற நாட்குறிப்பினாலும்
வாடிய மேனியாலும் மலமோடு நீரினாலுஞ்
சூடிய வியாதி தன்னைச் சும் பெற வறிந்து சொல்லே"

According to Agathiyar Vaithiya Rathina Surukkam, the diagnostic tools are Naadi (Pulse), Vizhi (Eyes), Kurigunam (Signs), Nalkurippu (Chronology), Maeni (Constitution), Malam (Stools) And Neer (Urine).

பரிபூரண நாடி

"அட்டமாங்கிரிகடன்னை யறிந்து நீயுணரவேண்டில்
வட்டமாழகங்கள்பல்லும் வாயதில்நாக்குங்காயங்
கட்டருமலங்கள் கைதனில்நாடிதானுந்
திட்டமாயறிந்துசெய்யுந் திறமுள்ளவயிததியராமே"

According to the Paripoorana Naadi, the diagnostic parameters are Mugam (Facies), Pal (Teeth), Vai (Mouth), Naakku (Tongue), Kaayam, Irumalam, Naadi (Pulse).

தன்வந்திரி பகவான்

"திருமறை முனிவன் கூறும் வாகடச் செய்கைதன்னில்
வருபல வியாதியான வகையறி குவதே தென்னில்
உருவுறு நாடி யாலு மொண்முக மலநீ ராலும்
தெரிவிழி நாவினாலுந் தந்தலக் கணத்தி னாலும்"

-தன்வந்திரி (ப.சி.நாடி சாத்திரம்)

According to Dhanvantri Vaithiyam, the diagnostic parameters are Naadi (Pulse), Mugam (Facies), Malam (Stools), Neer (Urine), Udal (Constitution), Vizhi (Eyes), Naa (Tongue), Pal (Teeth).

பதினெண் சித்தர் நாடி சாத்திரம்

"திரணியதோர் நாடிகண்கள் சத்தத்தோடு
தேகத்தின் துபரிசம் வானம் நாக்கு
இரணமலம் இவைகளெட்டும் இதம்படவே
தான்பார்த்துக் குறிப்புங் கண்டு
பரனருளாற் பெரியோர்கட்பாதம் போற்றிப்
பண்புதவறாமற் பண்டிதணஞ் செய்வீரே"

-பதினெண் சித்தர் நாடி சாத்திரம்

According to the above literature, the diagnostic tools are Naadi (Pulse), Kan (Eyes), Sattham (Voice), Thegam (Constitution), Sparisam and Naa (Tongue).

1.TONGUE EXAMINATION (நாத்தேர்வு)

"முள்ளாய் வெடித்து கருத்தான் முன்பின் வெளுத்து
தள்ளாநீ ருண்டோ சேர்ந்தால் பசந்தால் - எல்லாம்
நடுவாம் பலபலவாம் நற்சன்னி முன்னோய்
ஓடுநீரில் நாவிந்நோது."

-அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

As per Agathiyar Vaithiya Sinthaamani Venba – 4000, fissured and black tongue represent vitiated Vatha humor, pallor represents Kabam , green colour represents Pitha humor and mixed appearance of these features resembles Sanni noi.

“பலமான ருசியறியும் நாவின் கூற்றைப்
பகர்கின்றேன் வாதரோகி யின்றன் நாவு
கலமாக வெடித்து கறுத்திருக்கு முட்போல்
கண்டு கொள்வாய் பித்தரோகியின்றன் நாவு
நலமுற சிவந்து பச்சென்றிருக்கும் நட்பிலா
சிலேத்துமரோகி யின்றன் நாவு
தலமதனிலுற்றமுதி யோர்கள் சொன்ன
தன்மையடி தடித்து வெளுத்திருக்கும்பாரே”
-கண்ணுசாமி பரம்பரை வைத்தியம்

In Vali derangement, tongue will be cold, rough, furrowed and tastes pungent. In Azhal, it will be red or yellow and kaippu taste will be sensed. In Iyyam, it is pale, sticky and sweet taste will be lingering. In depletion of Thontham, tongue will be dark with raised papillae and dryness.

Examination of tongue also includes the salivary examination. The following stanza describes salivary examination

“எச்சிற் பரிவாயிளநீர்பால் வெண்ணெயனை
யெச்சிற் பரிவா யிலகுநுரை - யெச்சிற்
களியடைமா நன்றுமுதற் நண்ணான்கு முன்னிக்
களியடைமா மேவுபிட கா.”

- சிகிச்சாரத்ன தீபம்

2. EXAMINATION OF COMPLEXION (உடல் நிறத் தேர்வு)

“உரைத்தகற்ப் பான்வாத ரோகிபித்த ரோகி
அரைத்தமஞ்ச ளைக்குளித்தோன் ஆவான் - இரத்தம்
குளித்தவனு மாவான் கொடும்சிலேத்தும் ரோகி
வெளுத்திடுவான் தொந்தரோகியெ..”

-அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

"மூன்றாகும் வாதபித்த சிலேத்து மத்தால்
மிகுந்தமுறத் தொந்தித்த ரோகி தேகம்
தோன்றாத சீதய வுஷ்ணங் காலமுன்றுந்
தொகுத்தேன்யான் திரேகத்தி நிறத்தைக் கேளு
ஊன்றாத வாதவுடல் கறுத்துக் காணும்
ஊரியபித்த முடல் சிவப்புப் பசுமைகாணும்
போன்றாத வையவுடல் வெண்மை தோன்றும்
பொருந்துந்தொந்த ரோகவுடற் கிவற்றை யொக்கும்"

-கண்ணுசாமி பரம்பரை வைத்தியம்

"பனைவாத தேகநிறங் கறுத்து நிற்கும்
பைத்தியதேக நிறமஞ்சள் சிவப்பதாமே
தாமே சிலேட்டு மதேகநிறம் வெளுப்பு தான்
தொந்தேகம் இந்நால் விதமாயநிற்கும்"

-தன்வந்திரி (பதினெண் சித்தர் நாடி சாத்திரம்)

In Vali, Azhal and Iyyam vitiations, the colour of the body will be dark, yellow or red and fair respectively.

3. VOICE EXAMINATION (ஒலித் தேர்வு)

“பலரோகி வார்த்தைப் பலவிதமாம் வாதத்
தலைரோகி வார்த்தைச் சமமாகும் - நிலைகடந்த
பித்தரோ கிக்குடயர்ந்த பேச்சுண்டாம் ச்லேட்டுமந்தான்
சத்தம்ஈ னச்சுரமாம் தான்.”

-அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

"பார்ப்பதான் வாதரோகி யின்றன் வார்த்தை
பக்குவமாய்ச் சமசத்த மாயிருக்கும்
சேர்ப்பதுதான் பித்தரோகியின்றன் வார்த்தை
செப்பக்கோள பெலத்துமே யுறத்திருக்கும்
ஏற்பதுதான் ஐயரோகி யின்றன் வார்த்தை
யெளிதாகச் சிறுத்திருக்குமியல்பிதாகும்
கேசற்கவே யிம்முன்றுந் தொந்தமாகில்
கூசாமற் பலவிதமாய் பேசுவாரே"

- கண்ணுசாமி பரம்பரை வைத்தியம்

"மாமயிலே சத்தமது அறிய வேண்டில்
வாதரோகிசம தொனியாய் வார்த்தை பேசும்
ஈமமுள்ள பித்தந்தான் இறைந்த கூறும்
இயம்பிடும் சிலேத்தும ரோகிக்கீனசத்தம்
நாமுரைத்தோம் தொந்த ரோகிக்குத் தானிந்த
நால்விதமாய் மொழிந்த சத்தம் நயந்து காணே"

-பதினெண் சித்தர் நாடி சாத்திரம்

In vitiation of Vali, Azhal and Iyyam, the voice would be normal, high pitched and shrill or low pitched respectively. By the voice, the strength of the body can be assessed.

4. THE EYE EXAMINATION (கண் தேர்வு)

“கண்கறுத்து நீரோடில் காலாம் நடுவாகில்
கண்பசக்கும் சொக்கும் கடையாகில் - கண்பீளை
சாடி வெளுக்குமே சன்னிவாதம் பித்தமுமென்
றோடியகா மாலை பசக்கும்”

-அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

As per Agathiyar Vaithiya Sinthaamani Venba – 4000, in vitiated Vali eyes turn black and tears shed. In vitiated Azhal humour , mukkutram and in jaundice yellowish discoloration occurs. In vitiated Iyyam, the eyes turn white.

" உண்மையாய் கண்கள்குறிப் பதைக்கேள் வாதம்
உற்றவிழி கறுத்துநொந்து நீருங் காணும்
தண்மையிலாப் பித்தரோகி யின்றன் கண்கள்
சார்பாகப் பசுமைசிவப் பேறுங் காணும்
வண்மையிலா வையரோகி விழிகள் தானும்
வளமான வெண்மைநிற மேதா நாதம்
திண்மையிலாத் தொந்தரோகி யின்றன் கண்கள்
தீட்டுவாய் பலநிறமென் றறைய லாமே"
-கண்ணுசாமி பரம்பரை வைத்தியம்

"காணுகின்ற வாத ரோகிக்கு கண்கள்
கருநிறமாய் நொந்துமிகத் தண்ணீர்பாயும்
பூணுகின்ற பித்தரோகிகடி மஞ்சள் போலிருக்கம்
சிவப்பு நிறப்பொலிவு தோன்றும்"
-பதினெண் சித்தர் நாடி சாத்திரம்

In Vali disease, the tears is darkened, in Azhal disease they are yellow, in Iyya disease they are whitish in colour and in Thontha disease the tears are multi coloured. In Vali disease there will be excessive tears (epiphora). In disturbance of all the three humuors, eyes would be inflammed and reddish.

5. FAECES EXAMINATION (மல தேர்வு)

“கறுத்தமல பந்தமலங் காலாகும் பித்தம்
சிறுத்தமுட் டிணம்செம்மை சேரும் - பொறுத்தொருக்கால்
சீதமலந் தில்லையுமாம் சேர்ந்தபல ரோகியாம்
மீதமலம் எண்ணிறமு மே.”

- அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

As per Agathiyar Vaithiya Sinthaamani Venba – 4000, in vitiated Vali, the stool is hard and black. In vitiated Azhal, it is hot and red. In vitiated Iyyam it is cool and watery.

" ஒக்குமே வாத நோய் மலத்தைப் பார்க்கில்
உகந்தமலம் கறுகியே கறுத்திருக்கும்
மிக்கபித்த நோய்மலத்தை யுற்றுப் பார்க்கில்
மிகுந்தசிவப்புடன் பசுமை தானுந் தோற்றும்
மைக்குவளை மனேகே னைய ரோகம்
மலமதுதான் வெண்மைனிற மாயிருக்கும்
பக்குவமா யிம்மூன்றுந் தொந்திப் பாகில்
பகருமின் நிறங்கள்வகை பரிந்து காணும்"
-கண்ணுசாமி பரம்பரை வைத்தியம்.

In excacerbated Vali, faeces is hard, dry and black in colour. In Azhal vitiation, it is yellow. In Iyyam, disturbance it is pale.

6. URINE EXAMINATION (நீர் தேர்வு)

“வாதரோ கம்தெளிந்தான் மஞ்சளித்தான் மற்றையது
சீதனுரைத் தார்பலவாம் சேளர்ந்தநோய் - கோதகலா
மூத்திரத்தின் உண்மை மொழிந்தோம் இனிச் சொல்வாம்
நாத்திரத்தின் உள்ளவகை நாம்.”

-அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

" ஓங்கிய வாதத்தோர்க்கு நீர்விழுங் குணந்தா நுரைக்கிற
பூங்கொடி கறுத்துநொந்து சிறுத்துடன் பொருமி வீழும்
பாங்குடன் பித்தத்தோர்க்கும் பசியநீர் சிவந்து காட்டி
ஏங்கவே கறுக்கதாக எரித்துடன் கடுத்து வீழும்

வீழுமே சிலேற்பனத்தோர் நீர்க்குணம் விளம்பக் கேளாய்
நாளுமே வெளத்துறைந்து நலம்பெற வீழுங் கண்டாய்

வாள்விழி மானேதொந்த ரோகமா னிடர்க்குத் தானே
தாளுநீர் பலநிறந்தா னெனவே சாற்றி னோமே"

- கண்ணுசாமி பரம்பரை வைத்தியம்

‘Neer’ refers to Urine ‘Kuri’ refers to Sign. Theraiyar, one of the renowned authors of Siddha medicine described urine examination and stages of health. He had explained about the colour and consistency of the urine in vitiated humor and disease. He also emphasised the spreading nature of a single drop of oil on the surface of the urine indicating the imbalance of specific dosha and prognosis of disease. Normal urine is straw coloured and odourless. The time of the day and food taken will have an impact on the colour of the urine.

COLOUR OF URINE

- Yellow colour – similar to straw soaked water – indigestion
- Lemon colour – good digestion
- Reddish yellow – heat in body
- Colour similar to flame of forest red or flame coloured excessive heat
- Colour of saffron – extreme heat

“மாணிக்கம் பால்பிரச மஞ்ச ளிஃதுயிர
மாணிக்கம் பால்வரிசை மாறாநீர் - மாணிக்க
முத்தம் மாத்ரி யொருநாலு மந்தமுனே
யுத்தம் மாத்ரிமதி யுன்.”

- சிகிச்சாரத்ன தீபம்

As per Sikicharathna Theepam,

CLOUR OF URINE

-

PROGNOSIS

- | | | |
|---------------------------|---|-------------------------|
| • Ruby red or milky white | - | Poor |
| • Honey | - | Slow and take long time |
| • Golden yellow | - | Good |

NEIKKURI (நெய்க்குறி)

“ அருந்து மாறிரதமும் அவிரோதமதாய்
அஃகல் அலர்தல் அகாலவூன்தவிர்ந்தழற்
குற்றள வருந்தி உறங்கி வைகறை
ஆடிகலசத் தாவியே காதுபெய்
தொரு முகூர்த்தகலைக்குட்படு நீரின்
நிறக்குறி நெய்க்குறி நிருமித்தல் கடனே”

“ அரவென நீண்டினஃகே வாதம்
ஆழிபோல் பரவின் அஃதே பித்தம்
முத்தொத்து நிற்கின் மொழிவதன் கபமே”

-அகத்தியர் வைத்திய ரத்தின சுருக்கம்

The spreading pattern of oil drop is the indicative of Vali, Azhal and Iyyam diseases e.g

1. Aravu (Snake Pattern of spread) indicates Vali disease
2. Mothiram (Ring Pattern of spread) indicates Azhal disease
3. Muthu (Pearl Pattern of spread) indicates Iyya disease

In Neikkuri, the rapid spread of oil drop; Pearl beaded and Sieve type of spreading pattern indicates incurable state of the disease. From this, we can assess the prognosis by the Neikkuri.

"இலகுமா மூத்தி ரத்தி லெண்ணெயை விட்டுப் பார்க்கில்
கலக்கஞ் செய் வாதத் தோர்க்குக் காணவே நீள மாய்ப்போம்
பிலனுறு மெய்யை வாட்டும் பித்தமே சிதறிக் காட்டும்.
சாற்றிய கபந் தனக்குச் சல்லடைக் கண்போல் காணும்
தேற்றிய திரிதோ டந்தான் சொல்முன்று குணமுங் காட்டும்
வேற்றொரு துளியாய் நின்றால் வெகுதாம் சாத்தியந்தான்
ஆற்றிமெள் ளப்ப டர்ந்தா வதுசுக சாத்ய மாமே
ரினி லமுந்திப் போனால் நிகழ்ந்திடு மசாத்தியந்தான்
வாரிடு முளையாய் கேளாய் வளைய பாத்திரத்தி லேனும்
பாரினில் குயவன் செய்மண் பாத்திரந் தனிலா னாலும்
சாரவே பிடித்து வெய்யிற் றனில்வைத்துப் பார்ப்பாய்தானே."

- தேரையர் விருத்தம் - சிகிச்சாரத்ந தீபம்

SPREADING PATTERN OF OIL	-	INTERVENTION
Lengthening	-	Vali
Splits	-	Azhal
Sieve	-	Iyyam
Stands as a drop	-	Poor prognosis
Slowly spreads	-	Good prognosis
Drop immerses into the urine	-	Incurable disease

6. TOUCH (தொடு உணர்வு)

"வெம்மை குறைந்தாலு மிகுந்தாலும் வாதபித்தம்
தம்மை நிரைநிரையாய்ச் சாற்றுவார்- வெம்மையன்றி
சீதமும்அவ் வாறாகில் சிலேட்டும் மொன்றுதொந்த
மீதமும்அவ் வாறாகு மேல்."

-அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

"நேயமுடனே வாதத்தின் தேசந்தானும்
நேர்மையாய்க் குளிர்ந்து சில விடத்திலே தான்
மாயமுட னுட்டணமுந் துடிதுடிப்பு
மருவுதலாம் பித்தத்தின் தேகந் தானும்

தோயவே வுட்ணமதா யிருக்குந் தெளிவாய்
சேத்துமத்தின் தேகமது குளிர்ந்திருக்கும்
பாய தொந்த தேகமது பலவாறாகும்
பரிந்து தொட்டுத் தேகத்தைப் பார்த்துப் பேசே"

-கண்ணுசாமி பரம்பரை வைத்தியம்

In Vali disease, some regions of the body felt chill and in some areas they are hot. In Azhal disease, we can feel heat. In Iyya disease, chillness can be felt. In Thontham diseases, we can feel altered sensations.

8. NAADI (நாடி)

The 'Pulse Diagnosis' is a unique method in Siddha Medicine. The pulse should be examined in the Right hand for male and the left hand for female. The pulse can be

recorded at the radial artery. By keenly observing the pulsation, the diagnosis of disease as well as its prognosis can be assessed clearly.

Naadi is nothing but the manifestation of the vital energy that sustains the life within our body. Naadi plays an most important role in Envagai thervu and it has been considered as foremost thing in assessing the prognosis and diagnosis of various diseases. Any variation that occurs in the three humors is reflected in the Naadi. These three humors organize, regularize and integrate basic functions of the human body. So, Naadi serves as a good indicator of all ailments.

நாடி பார்க்கும் வகை

"இடுமென்ற நாடிகள்பார்க்கும் வகையைக் கேளு
என்னவென்றால் நடுவிரல் நீவிப்பின்னே
அடுமென்ற அடுத்தவிரல் மோதிரமாம் விரலை
அப்பனே இளத்தபின்பு சுண்டுவிரலினுத்து
உடுமென்ற தூண்டுவிர லினுத்து அப்பால்
உத்ததொரு அங்குட்ட விரலைநீ விக்கரத்தில்
படுமென்ற சீயோதி அங்குலமோ தள்ளி
பார்தடவி மூன்றுதரம் சுரம்பார்க்கும் வகையே
வகை என்ன வாதமது ஒண்ணைரையாம் பித்தம்
வளமையொன்று அய்யங்கால் வளமாய்நிற்கில்
பகையில்லை நாடிகளுந் தொந்த மில்லை
பண்பான் சுகரொசருநுபக் கூறுசொன்னேன்"

-அகத்தியர் கனகமணி100

Naadi is felt by,

Vali	-	Tip of index finger
Azhal	-	Tip of middle finger
Iyyam	-	Tip of ring finger

மூவகையும் மாத்திரை அளவும்

"வழங்கிய வாதம் மாத்திரை ஒன்றாகில்
வழங்கிய பித்தம் தன்னில் அரைவாசி
அழங்கும் கபந்தான் அடங்கியே காலோடில்
பிழங்கிய சீவற்குப் பிசுகொன்று மில்லையே"

-நோய் நாடல் முதல் பாகம்

The pulse is measured in wheat/grain expansive heights. The normal unit of pulse diagnosis is 1 for Vali (Vatham), ½ for Azhal (Pitham) and ¼ for Iyyam (Kapham).

THE PULSE PLAY

Compared to the gait of various animals, reptiles and birds,

"வாகிலன்னங் கோழி மயிலென நடக்கும் வாதம்
ஏகிய வாமையட்டை யிவையென நடக்கும் பித்தம்
போகிய தவளை பாம்பு போலவாம் சேத்துமந்தான்"

--நோய் நாடல் முதல் பாகம்

Vali - Movement of Swan and Peacock

Azhal - Movement of Tortoise and Leech

Iyyam - Movement of Frog and Serpent.

"பார்க்கையில் கைவிகாரம் பார்த்தா லாடவர்க்கு
எற்கும் வலக்கை இடக்கை - மடவார்க் காசு"

-அகத்தியர் வைத்திய சிந்தாமணி வெண்பா - 4000

Naadi is examined in right side for men and on the left side for women.

MANIKADAI NOOL (Wrist circumetric sign)

Agathiya soodamanikayaru ..

“கமலக்கை மணிக்கையில் கயறு சூத்திரம்
விமலனே நோக்கியே வேடமாமுனி
திமிலாம் பிணியது சேரச் செப்பியே
அமலனாமுனிக்கு முன்னருளிச் செய்ததே”

-பதினெண் சித்தர் நாடிநூல்

According to the Pathinen Siddhar Naadinool, Manikadainool is also helpful in diagnosis. This manikkadai nool is a parameter to diagnose the disease by measuring the circumference of the wrist by means of a thread and then dividing the measured circumference with the patient's fingers. By this measurement the disease can be diagnosed.

When the Manikkadai nool is 11 fbs, the person will be stout and he will live a healthy life for many years. When the Manikkadai nool measures between 4 to 6, it indicates poor prognosis of disease and the severity of the illness will be high and it leads to death.

MANIKKADAI - INFERENCE NOOL

10 fbs	-	Pricking pain in chest and limbs, gastritis and ulcer result.
9 ¾ fb	-	Fissure, dryness and cough will be resulted.
9 ½ fbs	-	Odema, increased body heat, burning sensation of eye, fever, Mega noi and anorexia.
9 ¼ fbs	-	Dysuria, insomnia, sinusitis and burning sensation of eye.
9 fbs	-	Impaired hearing, pain around waist, thigh pain, unable to walk.
8 ¾ fbs	-	Increased body heat, skin disease due to toxins, abdominal discomfort, cataract, sinusitis.
8 ½ fbs	-	Leucorrhoea, venereal disorder and Infertility will occur..
8 ¼ fbs	-	Stout and painful body. Headache. Sinusitis and toxins induced cough.

8 fbs	-	Abdominal discomfort, gastritis, anorexia and venereal diseases.
7 $\frac{3}{4}$ fbs	-	Piles, burning sensation of limbs, headache, numbness occur. Within 2 years cervical adenitis and epistaxis results.
7 $\frac{1}{2}$ fbs	-	Osteoporosis, abdominal discomfort, burning sensation of eyes, increased body temperature. Within 6 days all the joints of the limbs presents a swelling.
7 $\frac{1}{4}$ fbs	-	Lumbar pain, increased pitha in head, anemia, eye pain, odema and somnolence
7 fbs	-	Pitham ascends to head, haemetemesis, phlegm, burning sensation of limbs and constipation.
6 $\frac{3}{4}$ fbs	-	Eye ache, dizziness, testis disorder. Within 3 years it causes anuria, pain and burning sensation over limbs, facial sweating results.
6 $\frac{1}{2}$ fbs	-	Thirst, anorexia, increased body heat and vatham results.
6 $\frac{1}{4}$ fbs	-	Diarrhoea, belching, vomiting and mucous dysentery
6 fbs	-	Reduced weight, phlegm in chest. It results in death within 20 days.
5 $\frac{3}{4}$ fbs	-	Delirium, dizziness, loss of consciousness . It results in death even if the patient takes gruel diet
5 $\frac{1}{2}$ fbs	-	Severity of illness is increased. Toxins spread to the head. Tooth darkens. Patient will die in 10 days.
5 $\frac{1}{4}$ fbs	-	Patient seems to be sleepy and death results on the next day.
5 fbs	-	Pallor and dryness of the body. Kabam engorges the throat and the person will die.
4 $\frac{3}{4}$ fbs	-	Dryness of tongue and tremor present. Patient will die in 7 days.
4 $\frac{1}{2}$ fbs	-	Shrunk eyes, odema will present and death results in 9 days.
4 $\frac{1}{4}$ fbs	-	Tremor, weakness of limbs and darkening of face occurs. Finally death results in two days.
4 fbs	-	Pedal odema will be present. Patient will die in 5 days.

3. A.9. THE ASTROLOGY

Macrocosm and Microcosm

Man is said to be Microcosm, and the Universe is Macrocosm; since what exist in the Universe exists in the human body too. Man is being an integral part of universal nature. The forces prevailing in the microcosm (Human body) are analogous with that of the forces prevailing in the macrocosm (Universe). The natural forces acting in and through various organs of the body are intimately related to or similar to or correspond to the forces acting in and through the organisms of the world.

This closely follows the Siddhar's doctrine,

"அண்டத்திலுள்ளதே பிண்டம்
பிண்டத்திலுள்ளதே அண்டம்
அண்டமும் பிண்டமு மொன்றே
அறிந்து தான் பார்க்கும் போதே"
- சட்டமுனி

Astral influences:

All the influences which are radiated from the sun, planets and that of the stars can act upon the human bodies. Moon exercises a very bad impact on the disease in general especially during the period of new moon. For instance, paralysis, brain affections, dropsy, and stimulation of sexual perversions are resulted during the newmoon. Mars causes anemia and lack of nervous vigour. A conjugation of the moon with other planets such as Venus, mars, etc may make its influence still more injurious.

The 8th place forms the laghanam which deals about ones age, chronic diseases, death etc. In the organisms of man, these forces may act in an abnormal manner and cause disease. Similarly, in the great organism of the cosmos, they act abnormally likewise and bring about disease on earth and its atmospheric condition like earthquake, storms etc. The Mars invisibly influences human's blood constituents. The Venus instigates intersexual love.

The following are the instances in which every sign of the zodiac acts towards some particular parts of the body.

1. According to T.V.S. Dictionary:

- Aries - Neck
- Taurus - Neck and shoulder
- Gemini - Arms and hands
- Cancer - Chest and adjacent parts.
- Leo - The heart and stomach
- Virgo - The intestines, base of stomach and umbilicus
- Libra - Kidney
- Scorpio - Genitals
- Sagittarius - Lips
- Capricorns - Knees
- Aquarius - Legs
- Pisces - Feet

2. According to literature Thiruvalluvar periya sunthara sekaram.

- 1) Mesham - Head
- 2) Rishabam - Face
- 3) Mithunam - Neck
- 4) Kadagam - Shoulders
- 5) Simmam - Chest
- 6) Kanni - Side of body
- 7) Thulaam - Back, stomach
- 8) Virutchigam - Testicles
- 9) Thanusu - Thigh
- 10) Magaram - Knees
- 11) Kumbam - Heel
- 12) Meenam - Foot

4.A.10. The Impact of the Planets on the Human Organs

According to the literature Siddha Maruthuvanga Surukkam

Each of these planets hold jurisdiction over some parts of the body similar to the signs of the Zodiac. The planets exercise special power over some parts of the body resulting in a disease or diseases in accordance with their impacts on the three basic humors in the system.

1. Sani (Saturn)

It exhibits supremacy over the bones, tooth, cartilages, ear, spleen, bladder and brain and gives rise to fever, leprosy, paralysis, dropsy, cancer, cough, asthma, deafness of the right ear, hernia etc.

2. Guru (Jupiter)

It holds jurisdiction over the blood, liver, pulmonary veins, diaphragm, Muscles of the trunk and sense of touch & smell.

3. Sevvaai (Mars)

It has got power over the bile, gall bladder, left ear, pudendum, kidneys, fever, jaundice, convulsions, hemorrhage, carbuncle, erysipelas, ulcer etc.

4. Sukkiran (Venus)

It exercises its impact on the blood and semen, throat, breast, abdomen, uterus, genitalia, taste, smell, pleasurable sensation, gonorrhea, barrenness, Abscesses or even death from sexual passions or from poison.

5. Pudhan (Mercury)

It holds jurisdiction over the animal, spirit, also over legs, feet, hands, fingers, tongue, nerves and ligaments and produces fevers mania, phrenitis, epilepsy, convulsion, profuse expectoration or even death by poison, witchcraft and so on.

Planets	Organs of impact
1. Solar force	Heart
2. Lunar force	Brain
3. Mars	Gall Bladder
4. Mercury	Kidney
5. Venus	Lungs
6. Jupiter	Liver
7. Saturn	Spleen

5. According to literature Thiruvalluvar Periya Sunthara Sekaram.

- | | | |
|--------------|---|---------------------------|
| 1. Sooriyan | - | Head |
| 2. Santhiran | - | Face |
| 3. Sevvai | - | Chest |
| 4. Puthan | - | Center of Posterior Trunk |
| 5. Guru | - | Stomach |
| 6. Sukkiran | - | Groin, Genitalia |
| 7. Sani | - | Thigh |
| 8. Raagu | - | Hands |
| 9. Kedhu | - | Legs |

Each of these Rasis and the organs of impact as well as the Girahams are found to be related with the resultant diseases of corresponding organs. Therefore, the human body is impregnated with the vital forces that could be acted upon by the astronomical bodies in the sky. With the augmented spiritual force, a sage is able to get control over the above said planets. All the others are under the influence of the forces exhibited by these asteroids.

4. READING BETWEEN THE LINES OF PEENISAM

4.1. ACCORDING TO NAGAMUNIVAR THALAINOI MARUTHUVAM

The song for Peenisam is as follows,

பீனிசம்

“தலைமிகவலிக்கும் நாசி சளிவிழு மொடுவுண்டாகும்
நலிவுறு தும்மலுண்டாம் நாட்செலில் வறளும் நாசி
மலைவறத் திரண்டு வீழும் வாயுமே நாற்ற முண்டாம்
பெலமுற முக்கடைக்கும் பீனிச மென்று தேரே”

-நாகமுனிவர் தலைநோய் மருத்துவம், பக்க எண் – 109, பாடல் எண் – 539.

According to the text Nagamunivar thalainoimaruthuvam, the symptoms of Peenisam are given as Headache, mucous discharge from the nose, recurrent sneezing, dryness of the nose, halitosis and nasal stuffiness.

S.NO	LINES OF POEM	BREAKUP SYMPTOMATOLOGY
1	தலைமிகவலிக்கும்	Severe Headache
2	நாசி சளிவிழு	Mucous discharge from the nose
3	நலிவுறு தும்மலுண்டாம்	Recurrent Sneezing
4	நாட்செலில் வறளும் நாசி	Dryness of the nose in chronic disease(Peenisam)
5	மலைவறத் திரண்டு வீழும்	Increased nasal discharge
6	வாயுமே நாற்ற முண்டாம்	Bad odour in mouth (Halitosis)
7	பெலமுற முக்கடைக்கும்	Nasal stuffiness

4.2. LIGHT FROM LEXICONS

S.N O	WORDS FROM POEM	TAMIL MEANING	ENGLISH MEANING	LEXICON T.V.Sambas ivam pillai
1	தலை	சிரசு	HEAD	PG.NO: 882 VOL: IV(PART-I)
2	வலிக்கும்	நோவு	PHYSICAL PAIN	PG.NO: 1014 VOL: V
3	நாசி	மூக்கு	NOSE	PG.NO: 1637 VOL:IV(PART-II)
4	சளி	மூக்குச்சளி	MUCOUS FROM THE NOSE	PG.NO: 1966 VOL: III
5	நலிவுறு	நோய், நோவு	ILLNESS, PAIN	PG.NO: 1551 VOL:IV(PART-II)
6	தும்மலுண்டாம்	தும்முகை	SNEEZING	PG.NO: 1201 VOL:IV(PART-II)
7	வறளும்	உலர்வு	DRY HEAT	PG.NO: 1027 VOL:V
10	வாய்	வாய்	MOUTH	PG.NO: 1073 VOL:V
11	வாய் நாற்றம்	-	FOUL BREATH	PG.NO: 1075 VOL:V
12	மூக்கடைக்கும்	மூக்கடைத்தல்	HINDRANCE OF BREATH THROUGH THE NOSE	PG.NO: 870 VOL:V
13	பீனிசம்	மூலத்தில் கனலேறிக் கபாலத்தில் நீரையேற்றிக் ஒரு நாசியையடைத்து மற்றொரு நாசியில் நீர் வடிந்து அடிக்கடி தும்மலுடன் பிடரியும் தலையும் கனத்து வாரந்தோறும் கபாலம் வரண்டு நீர் திரண்டு நாற்றமடித்து உடம்பு வெதும்பி, நாவில் ருசியும், மூக்கில் மணமும் அற்று சிரசு நீர் நெஞ்சில் இறங்கித் துன்புறுத்தும் ஓர் வியாதி.	AN INCREASED FLOW OF MUCOUS FOM THE NOSE, FAUCES ETC, OWING TO THE INFLAMMATION OF THE MEMBRANE OR COLD IN THE HEAD	PG.NO: 477 VOL:V

4.3. ANALOGY BETWEEN THE LINES OF NAGAMUNIVAR THALAINOI MARUTHUVAM & MODERN TEXT

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“தலைமிகவலிக்கும்”

QUOTINGS FROM MODERN TEXT

(ABOUT RHINOSINUSITIS)

- “...Common presenting symptoms of sinusitis include *headache*...”

- Page no: 186, Harrison’s principles of Internal medicine, vol- 1, 16th Edition Published By Mc Graw Hill

- “...*Headache* is a common symptom in patients diagnosed with chronic Rhinosinusitis (CRS), being present in upto 83 % of patients...” “....The severity of *headache* has been reported to be one of the highest among the most common symptoms associated with Chronic Rhinosinusitis...”

-Page no : 217, Revision Sinus Surgery By Stilianos E.Kountakis., Joseph B. Jacobs, Jan Gospeth, Published By Springer

- “...Chronic sinusitis leads to recurrent *headache*, which shows a diurnal periodicity. The headache starts in the morning and worsens by mid-day, and subsides by evening...”
- “....History of *chronic headache* and the demonstration of purulent discharge from the nose coupled with tenderness over the sinuses should suggest the clinical diagnosis ..”

-Page no: 907, Textbook of Medicine By K.V.Krishna Das, 5th Edition Published By Jaypee Publishers

- "...Nasal congestion associated with *headache*, purulent postnasal discharge, and halitosis suggests Sinusitis..."

-Page no: 234, Manual of Family Practice; 2nd Edition By Robert B.Taylor , Published By Lippincott Williams & Wilkins

- "...Sore throat with purulent nasal discharge and post nasal drip occur with acute sinusitis. Other signs and symptoms include halitosis, *headache*, malaise, cough, fever, facial pain and swelling associated with nasal congestion..."

-Page no: 373 Nursing know– How Evaluating Signs and Symptoms By Eleanor Levie: 2009 ,Published By Lippincott Williams & Wilkins

Characteristics of Bacterial Sinusitis:

- "...Other Symptoms include maxillary tooth discomfort, hyposmia, *Headache*, fever, halitosis, fatigue, earpain, and ear fullness..."

-Page no: 390, Lippincott's Illustrated Reviews Microbiology; 2nd Edition- 2007 By Richard A.Harvey, Pamela C. Champe, Bruce D.Fisher

- "...*Sinus headaches* cause a dull, deep, *throbbing pain in the front of head* and face. Worse pain in the morning (because mucus has been collecting and draining all night) "

-"The Diagnosis and Management of Acute and Chronic Sinusitis".

***Primary Care: Clinics in Office Practice* 35 (1): 11-24.
doi:10.1016/j.pop.2007.09.002. PMID 18206715**

- "...*Headache/facial pain or pressure of a dull*, constant, or aching sort over the affected sinuses is common with both acute and chronic stages of sinusitis. This pain is typically localized to the involved sinus and may worsen when the affected person bends over or when lying down. Pain often starts on one side of the head and progresses to both sides..."

_a b c u n i v e r s i t y of Maryland - Sinusitus Complications

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“நாசி சளிவிழு”

QUOTINGS FROM MODERN TEXT

(ABOUT RHINOSINUSITIS)

- “..Rhinosinusitis usually presents with facial tenderness & pain, *Purulent nasal discharge...*”

- Head, Face, Neck pain science, Evaluation and management By Noshir Mehta, George E published by Wiley and Blackwell

- "... *A mucopurulent discharge* and a painful face suggest Sinusitis..."

**-Page.no: 2433, Cecil Textbook of Medicine, 22/ e (Vol-2),
Goldman/ Ausiello, 2004**

- "...*Nasal discharge/ Purulence/ discolored post nasal discharge* is one of the major factor in the diagnosis of Rhinosinusitis..."

**- Page no: 574, Ballenger's Otorhinolaryngology: Head and
neck surgery By James Byron snow, 17th edition.**

- "... *Purulent rhinitis, purulent postnasal drip*, and pain in a maxillary tooth ache independent predictors of complicating Sinusitis..."

**-Page no: 1604, Cecil Textbook of Medicine By Lee
Goldman, MD, Dennis Ausiello, MD; vol – 2, 2nd Edition**

- "...*Thick , purulent or discolored nasal discharge* is often thought to indicate bacterial sinusitis but also occurs early in viral infections such as the common cold and is not specific to bacterial infection..."

**-Page no: 257, Harrison's Principles of Internal Medicine;
vol-1, 18th Edition, Published By Mc Graw Hill.**

- "... Acute and chronic sinusitis may be accompanied by *thick nasal discharge that is usually green in colour and may contain pus (purulent) and/or blood...*"

-Itzhak Brook MD. "Sinusitis Understood". *BLOGSPOT*.

<http://sinusitisunderstood.blogspot.com/p/epidemiology-and-diagnosis.html>. ^A

"Sinusitis" (in English),

[herb2000.com.http://www.herbs2000.com/disorders/sinusitis.htm](http://www.herbs2000.com/disorders/sinusitis.htm).

- "... Rhinosinusitis is a group of disorders characterized by *inflammation of the mucosa of the nose* and paranasal sinuses..."

-Page no: 308 -Rhinology and Facial Plastic Surgery

books.google.co.in red J. Stucker, Chris De Souza, Guy S. Kenyon - 2009 - 946

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

"நலிவுறு தும்மலுண்டாம்"

QUOTINGS FROM MODERN TEXT

(ABOUT RHINOSINUSITIS)

- "...Acute Rhinosinusitis patients typically present with complaints of *sneezing*..

- Page no:241, Essentials of emergency medicine By Richard Aghababian, 2nd Edition, published by Jones & Bartlet learning Books

- "...Other non specific symptoms of Sinusitis include cough, *Sneezing* and fever...'

- Page no: 186, Harrison's principles of internal medicine, vol- 1, 16th Edition Published By Mc Graw Hill

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“நாட்செலில் வறளும் நாசி”

QUOTINGS FROM MODERN TEXT

(ABOUT RHINOSINUSITIS)

- “...In chronic sinusitis - Post nasal drip is the commonest and most annoying symptom that give rise to *dryness and burning at the back of the nose..*”

- page no: 182 , Textbook Of Ear, Nose and Throat By Lt col Bs Tuli,

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“மலைவறத் திரண்டு வீழும்”

QUOTINGS FROM MODERN TEXT

(ABOUT RHINOSINUSITIS)

- “...Diagnostic criteria for Rhinosinusitis “...The *nasal discharge increases in quantity*, viscosity and purulence...”

-page no: 536, Pharmacotherapeutics for Advanced practice : A practical approach By Virgine Poole Arcangelo, Andrew M. Peterson, 2nd Edition , Published By Lippincott Williams and Wilkins.

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“வாயுமே நாற்ற முண்டாம்”

QUOTINGS FROM MODERN TEXT

(ABOUT RHINOSINUSITIS)

- “..Well described sinus symptoms such as *Halitosis* are less frequent...”

- Page no: 271, Diseases of the sinuses By David W. Kennedy, Published by Kennedy, Bolger, Zinreich.

- “...Diagnostic criteria for Rhinosinusitis...In addition there is often *maldorous breath* without poor dental hygiene...”

-page no: 536, Pharmacotherapeutics for Advanced practice : A practical approach By Virgine Poole Arcangelo, Andrew M. Peterson, 2nd Edition , Published By Lippincott Williams and Wilkins.

- “...Acute Rhinosinusitis presents in children with signs and symptoms of nasal discharge and obstruction, persistent cough, and *bad breath (halitosis)* ...”

-Page no:2, The maxillary sinus – Medical and Surgical Management By James A. Duncavage, Samuel S.Becker Published By Thieme Medical Publishers

- “...Acute Sinusitis typically follows an episode of viral rhinitis and presents with nasal discharge, nasal congestion, moderate fever, *foul breath (halitosis)*, cough & postnasal discharge...”

-Page no: 107, Essence of Pediatrics by MR Khan, M Ekhlashur Rahman, 4th edition(2011), Published By Elsevier

- “...Rhinosinusitis usually presents with facial tenderness, pain, nasal congestion and purulent nasal discharge, common signs and symptoms include anosmia or hyposmia, pain on mastication, and *halitosis*...”

-Page no: 984, Bonica’s Management of Pain By Scott M.Fishman, Jane C.Ballantyne, Published By Lippincott Williams & Wilkins.

- “...Nasal congestion associated with headache, purulent postnasal discharge, and *halitosis* suggests Sinusitis...”

-Page no: 234, Manual of Family Practice By Robert B.Taylor ; 2nd Edition, Published By Lippincott Williams & Wilkins

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“பெலமுற மூக்கடைக்கும்”

QUOTINGS FROM MODERN TEXT

(ABOUT RHINOSINUSITIS)

- “..In chronic bacterial Sinusitis patients experience *constant nasal congestion*...”

- page no: 188, Harrison’s principle of internal medicine, vol-1, 16th Edition Published by Mc Graw Hill

- “..*Nasal obstruction/blockage* is one of the major factor in the diagnosis of Rhinosinusitis..”

- page no: 574 Ballenger’s otorhinolaryngology: Head and neck surgery By James Byron snow, , 17th edition., published by People’s Medica, publishing House

- “...Acute Rhinosinusitis presents in children with signs and symptoms of *nasal discharge and obstruction*, persistent cough, and bad breath (halitosis) ...”

-Page no:2, The maxillary sinus – Medical and Surgical Management By James A. Duncavage, Samuel S.Becker published By Thieme Medical Publishers

- "... Frontal ethmoiditis give rise to *mucopurulent catarrh, nasal obstruction*, hyposmia,..."

- Page no:683; Bailey & Love's Short Practice of Surgery- 24th edition by Russell, Norman, Christopher

4.4. READING BETWEEN THE LINES OF NAGAMUNIVAR THALAINOI MARUTHUVAM

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“தலைமிகவலிக்கும்”

READING BETWEEN THE LINES OF SAGE NAGAMUNIVAR

In the first line of poetry about Peenisam, (one among the nose diseases) Sage Nagamunivar explains about the severe nature of headache. Headache is a common, accompanying non-specific symptom with the affection of sinuses. The ducts that connect the sinuses to the back of the nose become inflamed, the ability of the sinuses to drain is decreased, and pressure builds within the affected sinus.

Underlying pathology in sinus affections are associated swelling and inflammation of the lining of the sinuses, possibly resulting in increased mucus and fluid secretion. This increase in fluid and pressure causes the pain in sinus affections; this was succinctly poetised by Nagamunivar in first line of the selected literature.

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“நாசி சளிவிழு”

READING BETWEEN THE LINES OF SAGE NAGAMUNIVAR

Here Sage Nagamunivar refers to about the mucous discharge through the nose, Generally, it can be assumed that a yellowish purulent mucous discharge would always be bacterial and a more watery nasal discharge to be viral in origin.

During these infections, the nasal mucous membranes produce excess mucus, filling the nasal cavities, causing damming up of mucus discharge in the sinus and releasing into the nasal cavities causing stuffiness and excrements. It is therefore presumed with confidence that, Sage Nagamunivar has talked his heart out about an infectious condition of the Para nasal sinuses clearly mentioning about Rhinosinusitis symptomatology.

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“நலிவுறு தும்மலுண்டாம்”

READING BETWEEN THE LINES OF SAGE NAGAMUNIVAR

In the above phrase Sage Nagamunivar enlightens about the nagging recurrent sneezing. Since sneezing is the commonest symptom in URTI, he never lost opportunity to make a mention in this poem. This is because infection can bring the body's defences which are in a high state of alert to react protectively causing secretions to pool up in the upper respiratory tract.

Then the physiological reflex mechanism exhibits its spontaneity in the form of sneezing to forcibly clear the nasopharyngeal tract. The alarm is triggered for things that aren't really going to harm, this results in sneezing. The commonest cause of persistent excessive sneezing is allergy and/or infectious rhinitis causing nasopharyngeal secretions.

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“நாட்செலில் வறளும் நாசி”

READING BETWEEN THE LINES OF SAGE NAGAMUNIVAR

Here Sage Nagamunivar explains about dryness of the nose. During the initial stages there would be copious mucous discharge through the nose. But when this condition grows to become chronic there would be dryness of the nose which means the secretions had reduced by this time and the infection and accompanying inflammation becoming more conservative and keeps its alive and maintaining through.

This is justified by excerpts from the text,

- “...In chronic Sinusitis post nasal drip is the commonest and most annoying symptom giving rise to dryness and burning at the back of nose...”

- Textbook Of Ear, Nose and Throat By Lt col Bs Tuli, page no-
182

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“மலைவறத் திரண்டு வீழும்”

READING BETWEEN THE LINES OF SAGE NAGAMUNIVAR

Sage Nagamunivar doesn't stop with explaining about the quantity of nasal discharge he also explains it in a phenomenal way about the conglomerated nasal discharge exuded as rolled up shreds of phlegm, which is seen in chronic stage of the disease due to drying up of secretions.

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“வாயுமே நாற்ற முண்டாம்”

READING BETWEEN THE LINES OF SAGE NAGAMUNIVAR

In this line Sage Nagamunivar explains about Halitosis. In Rhinosinusitis, due to nasal blockage Person may be unable to breathe well through the nose which is often more blocked at night. This leads to constant mouth breathing which further leads to halitosis. It is easily given to understand that the blocked up secretions lead to setting in of infection and that causes the foul odour to emanate from the mouth. This was clearly referred to by Sage Nagamunivar with authority in his classic literature without fail.

NAGAMUNIVAR THALAINOI MARUTHUVAM

PHRASES

(ABOUT PEENISAM)

“பெலமுற மூக்கடைக்கும்”

READING BETWEEN THE LINES OF SAGE NAGAMUNIVAR

Here in the last line he explains about nasal stuffiness or blockage. Rhinosinusitis symptoms occur due to blockage of the osteomeatal channels due to the alterations in the quantity and quality of the secretions of paranasal sinuses, thus blocking the air flow and mucous drainage resulting in severe nasal blockage and congestion.

Therefore, on analysing the whole poem of Peenisam, it is evident that Nagamuni has clearly defined symptoms of both catarrhal inflammation of nasal mucosa and Para Nasal Sinuses. i.e Rhinosinusitis.

5. REVIEW OF LITERATURE – PEENISAM

5.1. SYNONYMS

Neerkovai

Mookkadaippu

Mookuneer paaichal

5.2. DEFINITION

5.2.1. ACCORDING TO NOI NAADAL NOI MUDHAL NAADAL THIRATTU PART – II

Peenisam is characterized by redness of the nasal mucosal membrane, sneezing, mild conjunctivitis with lacrimation, watery nasal discharge, headache, frequent discharge of mucus, pus and blood.

- நோய் நாடல் நோய் முதல் நாடல் திரட்டு பாகம் - 2

5.2.2. ACCORDING TO AGASTHIYAR GUNAVAGADAM

“தெரிந்து கொள்வாய் நீர்க்கோவை ரோகந்தனை
திறமாகத் சொல்லுகின்றேன் நன்றாய்கேளு
அறிந்து கொள்வாய் தேகத்தின் சவ்விலேனும்
ஆக்கையின் தோலடியிருக்கும் சவ்விலேனும்
பரந்து நீர் இரத்த நீர் சேர்வதாலே
பரிவது நீர்க்கோவை யென்று பேராயித்
துரந்துமே வெளியாகத் தோற்றலாலே
தொல்லுலகில் அநகவிதப் பேருமாச்சே
ஆச்சப்பா சிரசில்தான் நீரே கண்டால்
அப்பனே அதற்கு சலமஸ்தக மென்பார்
பேச்சப்பா மார்பில் நீரேற்றங் கண்டால்
புகழான உரோசல ரோகமென்பார்.”

- அகத்தியர் குணவாகடம்

Here Neerkkovai is generally defined as the fluid or blood collection in the membranes of the body or under the skin. It is further named according to the localization of fluid collection in the head known as ‘Salamasthagam’.

5.2.3. ACCORDING TO AATHMA RAKSHAMIRTHAM & T.V.SAMBASIVAM PILLAI MARUTHUVA AGARATHI

“சிரசில் கனலெழுந்து சூலையால் ரோகம்
அதிகரித்து சீழ்போலும் சிராய் போலும்
காணப்படும் ஒரு வித மூக்கு வியாதி”

- ஆத்ம ரட்சாமிர்தம் & T.V. சாம்பசிவம்பிள்ளை மருத்துவ அகராதி

Heat is increased affecting the head, resulting in pain, purulent discharge with shreds being expelled in it with the aggravation of the disease thereof.

5.2.4. ACCORDING TO YUGI VAITHYA KAAVIYAM

நீர்பீனிசம்

"சத்தேயிருமல் தும்மல் வரும் ஜலமாய் மூக்கில் நீர்பாயும்
முத்தே பிடரி முடியுசப்பு மொருக்கலண்டி பிரண்டிருக்கும்
மற்றவியாதிக் கிடங்கொடுக்கும் மாகில் கோழை மரித்து விழும்
நித்தம் நோய்கள் நிரைந்திருக்கும் நீர்பீனிசம் மெனலாமே"

- யுகி வைத்திய காவியம்

Cough, expectoration, sneezing, running nose, pain in the occipital region leads to other diseases and symptoms persist at all days.

5.3. AETIOLOGY

5.3.1. ACCORDING TO NOI NAADAL NOI MUDHAL NAADAL THIRATTU PART – II

- i. Using too much of cold water
- ii. Exposure to cold air
- iii. Breathing in of dusty air

- iv. Inspiring air with sneezing inducing suspended particles
- v. Suppression of lacrimation and vomiting
- vi. Increased body heat due to Wrong Yogic Practices.

5.3.2. ACCORDING TO SIDDHAR ARUVAI MARUTHUVAM

- (i) Wandering in mist
- (ii) Exposure to cold wind
- (iii) Taking bath in cold water
- (iv) Drinking of contaminated water
- (v) Restraining of reflexes such as tears, vomiting
- (vi) Speaking aloud
- (vii) Excessive sleep
- (viii) Decreased sleep

5.3.3. ACCORDING TO JEEVA RAKSHAMIRTHAM

- i. Roaming around in cold air
- ii. Nasal blockade due to dust
- iii. Loud speech
- iv. Excessive sleep
- v. Taking bath in cold water daily
- vi. Restraining tearful emotions
- vii. Lying in Unclean bed
- viii. Excessive sexual indulgence
- ix. Suppression of vomiting

All the above activities vitiate the Vatha, Pitham and Kabam which accumulate in the nose causing Peenisam.

5.3.4. ACCORDING TO THERAIYAR SEKARAPPA

"பீனிசமான பிணிக்கணமெல்லா
மான திறத்தை யறைந்து போக
வூனமிலாம வுரைத்த மருந்தை
நானவில் கின்றன் னானிலமதே

எண்டின முற்ற விரண்டு தரந்தான்
பண்டுள தாகுமற் பங்கினத்தானந்
திண்டிற லேகாடு செய்திறலற்றான்
மண்டை வறண்டு மலிந்திடு நோயே
நோய்களெ லாமிது நோயென வாடும்
பேயென வாடிய **பீனிச நோய்கள்**
சீயறல் கோணித்ஞ் சிட்டிவை நான்கு
மோய்தர மூக்கை யொருக்குமிதையா
காய்தலிலாப் தகை கண்டசுவத்தை
யோதலிலாதிடை யுண்ட சலத்தால்
வேதலிலாப்பிணி வேதனையாக்கி
பேதலாகிய **பீனிசமாமே"**

- தேரையர் சேகரப்பா

Lack of taking oil bath in 8 days leads to dryness in the head causing purulent, watery or blood discharge from nose and nasal block.

Drinking unboiled and contaminated water will cause Peenisam.

5.3.5. ACCORDING TO AGASTHIYAR KANMA KANDAM 300

"பகரறிய **பீனிசங்கள்** சளிரணத்தோடு
நிகரல்லா வொருதலைனோய் மண்டைகுத்தும்
நிசமாக வந்த கன்மன் நிசமாய்க் கேளு
நிகரவே காயடித்த யிறை பறித்தல்
தளிர் கொழுந்து தழை முறித்தல் பட்டை வெட்டல்
நிகரில்லா பூப்பறித்தல் வேர் கொடிகள் வெட்டல்
நினைவு கெட்டு சீவ செந்து தனையடித்தலாலே"

- அகத்தியர் கன்ம காண்டம் 300

Peenisam is considered as a Kanma disease. Plucking leaves, fruits, tender shoots, flowers, peeling barks, roots, twigs, hurting animals etc. All these activities may result in Peenisam.

5.3.6. ACCORDING TO T.V. SAMBASIVAM PILLAI MARUTHUVA AGARATHI

Mucous secretions running through nostrils which are due to an inflammation in the head, or cold affection of the nose.

- i. Sexual indulgence
- ii. Body heat is transmitted to head.
- iii. Entry of minute particles of dust or smoke into the nostrils
- iv. Excessive application of heat or cold
- v. Voluntary retention of stools and urine
- vi. Diseases of nose.

5.3.7. ACCORDING TO PATHINEN SIDDHAR NAADI SAASTHIRAM, GURUNAADI

"பீனிசத்தின் வரலாறு சொல்லக் கேள்மின்
பேதமுடன் கனலெழும்பி வாய்வுஞ் சேர்ந்து
ஊனுருகி மண்டையிலே தொகுக்கப்பட்டு
உறுதியுடன் வாயுவங்கே யுறுத்துப் பின்னும்
ஈனமுடன் நோடும் நீர் சீழிரத்தம்
பிடித்து வருங்காது மூக்கினோடு
தேனருவி வந்தது போல் செங்கண் சிருயுஞ்
சேர்ந்து விழும் பீனிசத்தின் செய்கையாமே"

- பதினென் சித்தர் நாடி சாத்திரம், குருநாடி

The heat and Vaayu blend together reach and affect the head, thereby causing Peenisam.

5.3.8. UDAL THATHUVAM

"விழியினில் நீரடக்கில் விதமான யிருத்து ரோகம்
வழிபடு பீனிசங்கள் வந்திடும் நேத்ர ரோகம்
அழகிடு சிரசில் ரோகம்"

-உடல் தத்துவம் ப.எண்.336

In above phrases, aetiology is given as Suppression of Tears.

“தும்மலைத் தடைதான் செய்தால்
தொகுத்திடும் தலைநோயுண்டாம்”

-உடல் தத்துவம் ப.எண்.331

In above phrase, aetiology of head ache is given as suppression of sneezing.

“நித்திரையடங்கிப் போக
நிகழ்ந்திடுங் கருமங் கேளாய்
நித்தமுந் தலைக்கனப்பு
நின்றகண்ணோத லாகிச்”

-உடல் தத்துவம், ப.எண்.334

In above phrase, aetiology of heaviness in head is given as suppression of sleep.

5.4. ENVIRONMENTAL FACTORS (கால இயல்பு)

“மகிமையாய் மாசியோடு பங்கு னிதான்
மருவியே வர்த்திக்கு மையந்தானும்
நகிமையாய் வைகாசி தனிற்கோபிக்கும்
நன்மையாய்ச் சமிக்கின்ற காலங் கேளாய்
அகிமையாய் ஆடிதனில் மிகச் சமிக்கும்
ஆவணியும் புரட்டாசி தன்னிற் கேளாய்
தகிமையாய் தாட்சியாங் கால மாகுஞ்
சதாசிவன்றான் சொன்னபடி சாற்றி னேன்”

- யூகி வைத்திய சிந்தாமணி

"தேள் முதன் மாசி சேனாபதிக்கே" என்பதாலும்

"திடமான விருட்சிகமுதற் கும்பஞ் சிலேட்டும மாகும்"
என்பதாலும்

The Kaba diseases are likely to be precipitated in the months from Kaarthigai to Maasi (December to April).

காரண காரியத்தாற் கதித்திடுங் கபத்திற் கோபம்
ஆரணச் சேர்க்கை யாலே யாயிடும் பண்பு கூறில்
பூரண வசந்த காலம் போதுமத் தியானத் துள்ளும்
வாரண நிசிமூ வைந்தி னுள்ளுமூண் மருவ லாகா

காரண கபகோ பந்தான் கனமது மகர மாதம்
காணுறு சலமே யுண்ணக் கருதியே மந்தந் துஞ்சக்
காணுறு கன்ன லெள்ளக் கடும்புளிப் புறைப்புப் போடு
காணுறுந் தித்திப் பான கறிமுத லன்னங் கொள்ளே

- அங்காதி பாதம் முதல் பதிப்பு

The Kaba diseases are likely to be precipitated in the month of thai (January to February)

கரும்புவில்லோன் காலம் கபம்வேற் றிடத்தும்
பெருகவாய்ப் புண்டாகும் பெண்ணே - உருக்கியெல்லோன்
ஒங்கையும் ஆக்குமிடத் துற்றனலை வீட்டிகத்
தீங்கிழைக்கும் மெய்க்குத் தெரி

- சித்த மருத்துவாங்க சுருக்கம்

This is considered to be the season of Cupid (Manmadhan), the God of love: The kabam that has increased in the latter winter worsens with the involvement of Pitham and causes Kaba disease.

5.5. DIET (உணவு வகைகள்)

மதுர மதிகம் அருந்துவோர்க்கு
மலியும் நிணமும் கபமுந்தான்
கதுமென் றுடலும் பெருத்துவிடும்
கனலுங் குறையும் செரியாது
பொதுவில் சுரக்கும் மதுமேகம்
புகல் கண் டலங்கல்புரை குழலும்
விதுவின் நுதலாய்ச் சந்நியாசம்
விளையு மெனவே விளம்புவரே

- சித்த மருத்துவாங்க சுருக்கம்

Excessive intake of sweet taste foodstuffs accumulates as fat in the body and increases kabam and mucous. Further, this will create obesity and may reduce the digestive fire in the body that results in indigestion. This negative tendency of sweetness will lead to Diabetes.

5.6. MOOKU NOIGAL – TYPES

According to Siddhar Aruvai marutham, Nasal diseases are classified into 86 types in which, Peenisam is one among them, some of the types are mentioned below

1. Neerpaaichal
2. Peenisam
3. Naasigapeedam
4. karappan
5. kazhalai
6. Paru
7. Pilaivai

PEENISAM – TYPES

5.6.1. ACCORDING TO NOI NAADAL NOI MUDHAL NAADAL THIRATTU PART – II

According to Noi naadal noi mudhal naadal thirattu part - II, Mookadaippu or Peenisam is classified into 9 types which are mentioned below

1. Vali Mookkadaippu
2. Azhal Mookkadaippu
3. Iyya Mookkadaippu
4. Neer Mookkadaippu
5. Kuruthi Mookkadaippu
6. Seezh Mookkadaippu
7. Sirai Mookkadaippu
8. Moolai Mookkadaippu
9. Kazhuthu Mookkadaippu

5.6.2. ACCORDING TO NAGAMUNIVAR THALAI NOI MARUTHUVAM

According to Nagamunivar thalanoi maruthuvam, Peenisam is classified in to 18 types in some medicine, among them 4 types are important.

1. Neer Peenisam
2. Ratha Peenisam
3. Seezh Peenisam
4. Sirai Peenisam

5.7. CLINICAL FEATURES

5.7.1. ACCORDING TO NOI NAADAL NOI MUDHAL NAADAL THIRATTU PART – II

1. Itching and irritation in the nose result in rubbing the tip of the nose, thus resulting in reddening tense and tender.
2. Redness and lacrimation of the eyes
3. Nasal obstruction may produce snoring
4. Itching and impacting of ears
5. Difficulty in breathing
6. Profuse watery discharge of the nose.

5.7.2. ACCORDING TO NAGAMUNIVAR THALAI NOI MARUTHUVAM AND SIDDHAR ARUVAI MARUTHUVAM

“தலைமிகவலிக்கும் நாசி சளிவிழு மொடுவுண்டாகும்

நலிவுறு தும்மலுண்டாம் நாட்செலில் வறளும் நாசி

மலைவறத் திரண்டு வீழும் வாயுமே நாற்ற முண்டாம்

பெலமுற முக்கடைக்கும் பீனிச மென்று தேரே”

"தலையுங்கனத்து வலிகொண்டு சளிபோனா சாற்றிரண்டு விழும்

அலையுமொருப் போலோடு காலு மறதிப்படவே மாறாது

நிலையுங்கெடாது பரிகார நியதிப்படவே செய்துவரில்

தொலையுஞ் சொன்னோம் பீனிசமுஞ் சொல்லுங் கபால வரட்சியுமே”

- நாக முனிவர் தலைநோய் மருத்துவம்

According to Nagamunivar thalai noi maruthuvam, the symptoms of **Peenisam** are given as below

1. Severe headache
2. Rhinitis
3. Sneezing
4. Dryness of nose
5. Halitosis
6. Severe nasal block
7. Headache
8. Expectoration

5.7.3. ACCORDING TO AGASTHIAR – 2000

மூக்குநீர் பாய்ச்சல்

"கண்ட முகங்கா துங்கரத் தூர்வது போலத்
துண்டமுந் தினவும் தும்மியே தண்ணீர் வீழ்ந்து
மண்டையும் கனத்து நொந்து வாதமும் பகைக்குமாகில்
முண்டகமதிக்கு மாதே! மூக்குநீர் பாய்ச்சல் போம்"

- அகத்தியர் - 2000

According to Agasthiar - 2000 the symptoms of **Mookuneerpaichal** are given as below

1. Throat, ear and facial irritation
2. Itching of the nose
3. Sneezing
4. Running nose
5. Heaviness of head
6. Headache

5.7.4. ACCORDING TO AATHMA RATCHAAMIRTHAM

The symptoms of Peenisam are mentioned below

1. Watery discharge from the nose

2. Itching in the occipital region and face due to exposure to cold air and atmosphere
3. Irritation of the nose
4. Frequent sneezing
5. Heaviness of the head and headache

5.7.5. ACCORDING TO THANVANTHIRI VAITHYAM

சலபீனிசம்

"கலந்திடுஞ் சிரசிலேறிக் கழிக்குநீர் போகாதாகித்
துலங்கிய நெஞ்சில் வீழ்ந்து சுரமுடனிருமலுண்டா
மலங்கவே தும்மு மூக்கில் வழவழத்தோடும் தண்ணீர்
நலங்கினச் சலப்பீனிச மிதுவென நாட்டுவோம்மே"

- தன்வந்திரி வைத்தியம்

According to Thanvanthiri Vaithyam the symptoms of Salapeenisam are mentioned below

1. Heaviness of head
2. Fever
3. Sneezing

5.7.6. ACCORDING TO THANVANTHIRI VAITHIYAM

சிலேத்தம் பீனிச குறிகள்

"தலையும் வலிக்கும் நாசிதன்னிற் சளிபோல் மாறாச் சலமோடும்
அலையும் நாளே முசென்றால் வறண்டே யிறுகித் திரண்டுவிழு
முலையும் மிகவே நாற்றமதா மூடே தண்ணீர் தாகிக்குஞ்
சிலமுஞ் சென்று மூக்கடைக்குஞ் சிலேத்தும பீனிச மிதுவாமே"

-தன்வந்திரி வைத்தியம் - ப.எண்-96

According to Thanvanthiri Vaithiyam, Silethuma peenisam is marked with symptoms of head ache, nasal discharge later becomes thickened, discharge will be bad odoured, increased thirst & nasal obstruction.

5.7.7. ACCORDING TO T.V. SAMBASIVAM PILLAI MARUTHUVAM AGARATHI

The symptoms of Peenisam are mentioned below

1. Watery discharge from the nose
2. Sneezing in the rainy season
3. Itching in the occipital region and face

5.8. MUKKUTRA VERUPADUGAL

When body heat raises due to the food habits etc. Pitham is vitiated and the level of Kabam is increased by the activities. Both Pitham and Kabam interact and produce Peenisam. According to Siddha texts during the process of Yoga, the vitiated body heat along with Uthana Vaayu reaches the head where it combines with Kabam resulting in the genesis of Peenisam.

5.9. NAADI NADAI

Pithathil Sethumam

Sethumathil vatham

பித்த ஐய நாடி

“பண்பான பித்தத்தில் சேத்தும நாடி

பரிசித்தா லத்திசுர மிளைப்பு ஈளை

கண்காது நயனமலம் நீரு மஞ்சள்

கனவயிறு பொருமல் மஞ்சள்நோய் கண்ணோவு

உண்போது மறுத்தல்இரத்த விப்புருதி தானும்

உளைமாந்தை பீனசமும் இரத்த வீக்கம்

நண்பான காமாலை சோகை வெப்பு

நணுகிவந்த பலபிணியும் நண்ணுந் தானே”

-நோய் நாடல் நோய் முதல் நாடல் திரட்டு

Patients affected with Peenisam will have Pithakaba naadi.

ஐய வாத நாடி

“கண்டாயோ சிலேற்பனத்தி வாத நாடி
கலந்திடுகில் வயிறுபொருமல் கனத்த வீக்கம்
உண்டாலோ ஓங்கார சக்தி விக்கல்
உறுதிரட்சை வாய்வுவலி சன்னி தோடம்
விண்டாலே இளைப்பிருமல் சோகை பாண்டு
விடபாகம் விடசூலை பக்கவாதம்
திண்டாடு நாசிகா பீடங் கங்கள்
சிரநோய்கள் பலவும் வந்து சிக்குந்தானே
-நோய் நாடல் நோய் முதல் நாடல் திரட்டு

Patients affected with Peenisam will have Iyyavatha naadi

ACCORDING TO PARIPOORANA NAADI

“விரணமுடன் புண்புரைக்கு வாத பித்தம்
விதியறியாப் பீனிசந்தான் பித்தசேத்துமம்”
-நோய் நாடல் நோய் முதல் நாடல் திரட்டு

Patients affected with Peenisam will have Pithakaba naadi.

6. PATHOLOGY OF PEENISAM.

The basic constitution of the body is made up of 96 Thathuvams. Due to diet and other activities 96 Thathuvams get deranged and result in diseases, either pertaining to body or mind.

6.1. DERANGED 96 THATHUVAS ARE AS FOLLOWS

1. AYMBOOTHAMS (FIVE ELEMENTS)

(a) Water – mucous discharge from nose

- One of the functions of Water is free flowing.
- In Peenisam, this function is affected which results in mucous discharge from nose.

(b) Air - Headache.

- Air is the constituent of Vatha humour which when affected produces pain in the body.
- In Peenisam, Vatha humour is affected which presents as severe headache.

(d) Earth – Nasal congestion

- The structure of nose is formed by Fire And Earth element.
- So in Peenisam, the Earth element is affected and produces Nasal diseases.

1. a. IYMPORIGAL (PENTA SENSORS)

(a) Mei -Severe headache.

- Air element is affected in Peenisam .
- So in this disease, Mei which is a component of air is affected and produces symptoms like severe headache.

(b) Mooku - Mucous discharge.

- Earth and fire element which are structural components of nose are affected in Peenisam.
- So it produces diseases pertaining to Nose.

1. b. IYMPULANGAL (FUNCTIONS OF PENTA SENSORS)

(a) Thoduthal (touch)-Severe headache.

- Affected Air element produces painful conditions in this disease.

(b) Nugarthal (smell)-Nasal block present

- Earth and fire element, the structural components of nose are affected in Peenisam.
- So it produces diseases pertaining to nose.

2. KANMENTHIRIYAM/ KANMAVIDAYAM (MOTOR ORGANS)

- Vatha and Pitha humour are affected in this disease.
- So it produces body tiredness.

3. ANTHAKARANAM (COMPONENTS OF MIND)

- Manam - Depression due to chronic illness.

4. NAADI (DIFFERENTIAL PULSE PERCEPTION)

- Idakalai - Nasal Blockage, Mucous discharge Present in Left nose.
- Pingalai - Nasal Blockage, Mucous discharge Present in Right nose.
- Suzhumunai - Headache present.

5. ADHARAM (STATIONS OF SOUL)

(a) Akinai - Severe headache.

- Akinai aadharam is located in the head.
- So any factor affecting the Aadharam will in turn affect the organs under control of it.

In Peenisam, Akinai is affected and it results in headache, redness, watering of eyes and rhinitis.

6. MANDALAM (BODY ZONE)

Thingal Mandalam –Severe Headache

- Thingal mandilam is located in center of head.
- So in Peenisam, this Thingal mandilam is affected.

7. EDANAI (AFFINITY)

ACCORDING TO AGASTHIYAR KANMA KANDAM 300

பகரறிய பீனிசங் சளிரனத்தோடு

நிகரில்லா வொருதலைநோய் மண்டைகுத்தும்

நிசமாக வந்த கன்மம் நிதமாய்க் கேளு

திகரவே காயடித்த யிலை பறித்தல்

தளிர் கொழுந்து தழை முறித்தல் பட்டை வெட்டல்

நிகரில்லா பூப்பறித்தல்வேர் கொடிகள் வெட்டல்

நினைவு கெட்டு சீவசெந்து தனையடித்தலாலே

- அகத்தியர் கன்ம காண்டம் 300

It is considered as Kanma disease. Plucking leaves, fruits, young shoots, flowers, cutting barks, roots, twigs, hurting animals. All of the above reason causes head diseases.

So from the above poems, it is evident that all the above activities what we do out of affinity will increase Kabam and Pitha humours with respect to head and will result in this disease.

Hence all the three Edanai are affected in this disease.

8. GUNAM (CHARACTER)

- People will **Thamasa gunam** is affected more compared to Sathvam and Raasatha gunam.
- It is because disobedience, increased sexual indulgence, increased appetite, killing living things, anger, etc which are the basic

qualities of Thamasa gunam people increases Kaba and Pitha humours and finally land in diseases of any type including Peenisam.

9. VINAI (ACT)

Because of increased Thee Vinai, Peenisam results.

10. PADHINAANGU VEGANGAL (Natural Urges/Reflexes)

Suppression of,

- Thummal(sneezing) - Headache
- Malam(stools) - Headache
- Thukkam(sleep) - Heaviness and eye disease(suffusion of eyes)
- Vizhineer (tears) - Head disorder and Sinusitis(head ache)

This is evident from the following lines;

“விழியினில் நீரடக்கில் விதமான யிருத்து ரோகம்
வழியடு பீனிசங்கள் வந்திடும் நேத்ர ரோகம்
அழகிடு சிரசில் ரோகம்”

-உடல் தத்துவம் ப.எண்.336

In the above phrases, aetiology of head diseases is given as Suppression of Tears.

“தும்மலைத் தடைதான் செய்தால்

தொகுத்திடும் தலைநோயுண்டாம்”

-உடல் தத்துவம் ப.எண்.331

In above phrase, aetiology of head ache is given as suppression of sneezing.

“நித்திரையடங்கிப் போக

நிகழ்ந்திடு கருமங் கேளாய்

நித்தமுந் தலைக்கனப்பு
நின்றகண்ணோத லாகிச்”

-உடல் தத்துவம் ப.எண்.334

In above phrase, aetiology of heaviness in head is given as suppression of sleep.

11. KOSAM (BODY SYSTEMS)

(a) Annamaya kosam - Affected

Annamayakosam is affected because 7 Udal thathukkal forming the Kosam are affected.

(b) Pranamayakosam – Affected

It is affected because Kanmaindhiriyangal forming this kosam are affected.

(c) Manomayakosam - Affected

It is affected because patient will be depressed due to illness.

(d) Vignanamayakosam - Affected

It is affected because Gnanaindhiriyangal forming this kosam are affected.

(e) Aanandhamayakosam –Affected

It is because patient will be unhappy due to illness.

12. DERANGED UYIR THATHUKKAL

(HUMORAL OR TIRIDOSHA PATHOLOGY)

Panchaboothams manifests in the body as three vital forces,

1. Vatham
2. Pitham
3. Kabham

12. a. VATHAM OR VAYU:

The word Vayu not only implies wind but also comprehends all the phenomenon which comes under the function of the central and sympathetic nervous system. Structurally it is the combination of Vayu and Aagaya boothams.

Normally it carries out of respiration, circulation of blood, locomotion, carrying sensory signals and motor signals to and from the brain, micturition, defaecation, parturition, sensation of hearing, sight, taste etc. It is located in Idakalai, Abanan, Faeces, Spermatic Cord, Pelvic Bones, Skin, Hair, Nerve & Muscle. It is of ten types.

In Peenisam, the primarily affected Vayukkal are,

(a) Pranan

- Pranavayu is responsible for functions like cough, sneezing, breathing, etc.
- In Peenisam, these functions are affected and produce symptoms like frequent sneezing and nasal block.

(b) Udhanan

- The site of Udhanan is navel, neck and nose.
- In Peenisam, Udhanan is affected and nasal diseases are produced.

(c) Samanan

In Peenisam, Pranan, Udhanan, Kurman, Kirukaran and Devathathan are affected and hence Samanan is also affected.

(d) Kirukaran

- Kirukaran is responsible for secretions from nose, sneezing and cough.
- In Peenisam, this vayu is affected and hence mucous discharge from the nose, sneezing arises.

(e) Devadhathan

- It is responsible for tiredness, sleep, anger, aggressiveness, etc.
- In Peenisam, this Vayu is affected and hence there is tiredness.

12. b .PITHAM

It is the life energy manifestation of Thee bootham in the body. It is the metabolic thermal life force of the body. It carries out digestion, absorption, metabolism, and colouration of the blood etc.

Pitham is located in the Pirana Vayu, Bladder, Moolaakini, Heart, Umbilical Region, Abdomen, Stomach, Sweat, Saliva, Blood, Eyes and Skin.

As Moolaatharam is in the Akkini mandalam, any pathological condition here can harm the Moolakini and eventually derange the Pitha humor. Symptoms are produced when deranged Pithams affect the seven Thathus and Malam.

In Peenisam, the primarily affected Pitham component is,

Saathaga Pitham

- This Pitham is needed to carry out desired activities.
- In this disease, activity of a person decreases due to physical illness and mental depression and hence Saathaga Pitham is affected.

12. c. KABAM

Kabam is constituted by Appu and Pirithivi boothams. It is responsible for Co-ordination and defense mechanism of the body.

Kabam is located in Samaanavayu, Semen, Suzhumunai, Blood, Bone Marrow, Nose, Chest, Nerve, Bone, Brain, Eyes, And Joints.

In Peenisam, primarily affected Kabam components are,

Tharpagam

- Tharpagam gives chillness to eyes.
- In Peenisam patients on examination of eyes, there is burning of eyes due to deranged Tharpagam.

Avalambagam

- It controls other 4 types of Kabam
- Hence when Tharpagam is affected, Avalambagam is also affected.

When Thathuvams, including Vatham, Pitham, and Kabam are deranged, they affect seven Udal Thathukkal Viz, Saaram, Senneer, Oon, Kozhuppu, Enbu, Moolai, Sukkilam or Suronitham and Udalthees. They affect three malams and inturn produce various symptoms according to the severity and the site of ailment.

13. DERANGED UDAL THATHUKKAL

1. **Saaram** - Tiredness and Depression.

14. MANIKKADAI NOOL

ஒன்பதே கால்

“தீட்டிய ஒன்பதுகால் உகந்து திண்ணமாம்
ஈட்டில் சிறுக நீரித்து சூழ்ந்திடும்
சூட்டில் கண்விழித் துயிலு மில்லையே
வாட்டிய **பீனிசம்** வந்து தோன்றுமே.”

If the fingerbreath is 91/4 in Manikkadai nool study, there can be insomnia and sinusitis.

எட்டே கால்

“காட்டிய எட்டோடு கால்விரர் கடைக்
கூட்டிய பித்தவாய் குரைசுர மெயில்
நாட்டிய பிரமியம் நவிலுங் காமியம்
வாட்டிய சிரசில்நோய் வருமோ ராண்டிலே”

If the fingerbreath is 8 1/4 in Manikkadai nool study, there can be fever, leucorrhea, and head diseases.

எட்டு

“எட்டெனும் விரற்கடை வயது மாறிடில்
கற்றெனும் வயிற்றினில் கதைத்துடல் வீக்கமாம்
துட்டிய பீனிசம் தொண்டை நோதலால்
கொட்டிய வயிற்றினில் குணமிதாமே”

If the fingerbreath is 8 in Manikkadai nool study, there can be edema, sinusitis, and throat pain.

7. DIFFERENTIAL DIAGNOSIS

The diseases having symptoms that are similar to Peenisam,

DISEASES UNDER NASAL DISEASES

1. நீர்ப்பாய்ச்சல்
2. நாசிகாபீடம்

DISEASES UNDER VATHA DISEASES

1. வாத தலை நோக்காடு
2. பித்த தலை நோக்காடு
3. கபம் தலை நோக்காடு
4. சன்னிவாதம் தலை நோக்காடு
5. இரத்தபித்தம் தலை நோக்காடு
6. கிருமிகந்தம் தலை நோக்காடு
7. நெற்றி சூலை

DISEASES UNDER KABAALA NOIGAL

1. மண்டை வளி
2. கபால ஐயம்
3. கபால ஐய அழல்
4. கபால பாரிச வளி
5. கபால ஐய வளி

Of the above diseases, few of the them were explained symptomatically for differentially diagnosing the disease.

1. DISCUSSION OF DIFFERENTIAL DIAGNOSIS BETWEEN PEENISAM AND NETRISOOLAI VATHAM

பீனிசம்

“தலைமிகவலிக்கும் நாசி சளிவிழு மொடுவுண்டாகும்
நலிவுறு தும்மலுண்டாம் நாட்செலில் வறளும் நாசி
மலைவறத் திரண்டு வீழும் வாயுமே நாற்ற முண்டாம்
பெலமுற முக்கடைக்கும் பீனிச மென்று தேரே”

- நாகமுனிவர் தலைநோய் மருத்துவம்

According to the text Nagamunivar Thalainoi Maruthuvam, the symptoms of Peenisam are given as Headache, mucous discharge from the nose, recurrent sneezing, dryness of the nose, halitosis and nasal stuffiness.

நெற்றிச் சூலை வாதம்

“வாறாண நயனந்தான் புருவ மற்றை
மத்தியத்திற் குடைந்துமே மூக்குத் தண்டு
கூறான குரலினைத்தான் பற்றி நொந்து
குடைந்துமே கையோடு கால்க ளிரண்டும்
ஆறான அங்கமெலாங் கடுப்புண் டாகும்
அமுகுரலாய் நித்திரையு மயக்க மாகும்
தேரான சிரசுதனிற் குத்த லுண்டாம்
சிறுநெற்றிச் சூலையின்றன் செய்கை தானே

-யூகி வைத்திய சிந்தாமணி

As per the text Yugi Vaithiya Chinthamani, the clinical features of Netrisoolai vatham are throbbing pain in between eyebrows and vertex, weariness of limbs, sleepiness and fainting.

SIMILARITIES	
PEENISAM	NETRISOOLAI VATHAM
HEADACHE	
<p>“..தலைமிகவலிக்கும்..”</p> <p>➤ Severe headache</p>	<p>“...தேரான சிரசுதனிற் குத்த வுண்டாம்...”</p> <p>➤ Pain in the head</p>
NASAL DISORDER	
<p>“..பெலமுற மூக்கடைக்கும்..”</p> <p>➤ Nasal stuffiness</p>	<p>“...மத்தியத்திற் குடைந்துமே மூக்குத் தண்டு...”</p> <p>➤ Nasal septum is affected.</p>

DISSIMILARITIES	
EXCLUSIVE SYMPTOMS OF PEENISAM	EXCLUSIVE SYMPTOMS OF NETRISOOLAI VATHAM
<p>“...நலிவுறு தும்மலுண்டாம்..”</p> <p>➤ Recurrent sneezing</p>	<p>“...குடைந்துமே கையோடு கால்க ளிரண்டும் ஆறான அங்கமெலாங் கடுப்புண் டாகும்...”</p> <p>➤ Weariness of body</p>
<p>“...நாட்செலில் வறளும் நாசி..”</p> <p>➤ Dryness of nose in chronic disease (Peenisam)</p>	<p>“...அமுகுரலாய் நித்திரையு மயக்க மாகும்...”</p> <p>➤ Sleepiness</p> <p>➤ Giddiness / Fainting</p>
<p>“...வாயுமே நாற்ற முண்டாம்..”</p> <p>➤ Halitosis(bad odour)</p>	

2. DISCUSSION OF DIFFERENTIAL DIAGNOSIS BETWEEN PEENISAM AND NAASIGAPEEDAM

பீனிசம்

“தலைமிகவலிக்கும் நாசி சளிவிழு மொடுவுண்டாகும்
நலிவுறு தும்மலுண்டாம் நாட்செலில் வறளும் நாசி
மலைவுறத் திரண்டு வீழும் வாயுமே நாற்ற முண்டாம்
பெலமுற மூக்கடைக்கும் பீனிச மென்று தேரே”

- நாகமுனிவர் தலைநோய் மருத்துவம்

According to the text Nagamunivar Thalainoi Maruthuvam, the symptoms of Peenisam are given as Headache, mucous discharge from the nose, recurrent sneezing, and dryness of the nose, halitosis and nasal stuffiness.

நாசிகாபீடம்

“நன்றிது கன்ன பீட நாளிலே கதுப்ப டைத்துக்
குன்றிபோன் மூளை தன்னிற் குற்றமே பற்றி நின்று
கன்றியே நாசியாலே கனக்கவே சீகள் வீழ்ந்து
பொன்றிடச் செய்யுமென்று புலவர் வாகடஞ் செய்தாரே.
நாசியிற் றசைவ ளர்ந்து நலிவுற வடைக்கு நாசி
மாசுசேர் சீநீர் வீழு மண்டையுங் கனத்து நொந்து
பேசரும் வலியுண்டாகும் பெருகு கண் கதுப்பு நோகும்
நாசிகா பீட மென்று நவின்னனர் கவைவல் லோரே”

-சித்தர் அறுவை மருத்துவம்

The symptoms of Naasigapeedam are polyp like growth in nose, nasal discharge, heaviness of head and nasal block.

SIMILARITIES	
PEENISAM	NAASIGAPEEDAM
HEAVINESS AND PAIN IN HEAD	
<p>“..தலைமிகவலிக்கும்..”</p> <p>➤ Severe headache</p>	<p>“..மண்டையுங் கனத்து நொந்து பேசரும் வலியுண்டாகும்..”</p> <p>➤ Heaviness and pain in head.</p>
NASAL DISEASE	
<p>“...நாசி சளிவிழு...”</p> <p>➤ Mucous discharge from the nose</p> <p>“..பெலமுற முக்கடைக்கும்..”</p> <p>➤ Nasal obstruction</p>	<p>“..மாசுசேர் சீநீர் வீழு...”</p> <p>➤ Pus discharge from the nose</p> <p>“...நாசியிற் றசைவ ளர்ந்து நலிவுற வடைக்கு..”</p> <p>➤ Lump or mass like Growth causing obstruction in nasal cavity</p>

DISSIMILARITIES	
EXCLUSIVE SYMPTOMS OF PEENISAM	EXCLUSIVE SYMPTOMS OF NAASIGAPEEDAM
<p>“...நலிவுறு தும்மலுண்டாம்..”</p> <p>➤ Recurrent sneezing</p> <p>“...நாட்செலில் வறளும் நாசி..”</p> <p>➤ Dryness of nose in chronic disease (Peenisam)</p> <p>“...வாயுமே நாற்ற முண்டாம்..”</p> <p>➤ Halitosis(bad odour)</p>	<p>“...நாசியிற் றசைவ ளர்ந்து..”</p> <p>➤ Lump or mass like Growth</p> <p>“..பெருகு கண் கதுப்பு நோகும்..”</p> <p>➤ Pain in eyes and cheeks</p>

3. DISCUSSION OF DIFFERENTIAL DIAGNOSIS BETWEEN PEENISAM AND KABAALA SILETHUMAM

பீனிசம்

“தலைமிகவலிக்கும் நாசி சளிவிழு மொடுவுண்டாகும்
நலிவுறு தும்மலுண்டாம் நாட்செலில் வறளும் நாசி
மலைவுறத் திரண்டு வீழும் வாயுமே நாற்ற முண்டாம்
பெலமுற முக்கடைக்கும் பீனிச மென்று தேரே”

- நாகமுனிவர் தலைநோய் மருத்துவம்

According to the text Nagamunivar Thalainoi Maruthuvam, the symptoms of Peenisam are given as Headache, mucous discharge from the nose, recurrent sneezing, dryness of the nose, halitosis and nasal stuffiness.

கபால சேற்பன குணம்

"உச்சி யிடிக்கு மயிர்முறியு முறக்கம் பெரிதா முகங்கறுக்கும்
அச்சந் தோன்றுங் கைகால்க ளயரும் வேர்க்கும் விழிசிவக்கும்
பச்சென் றிருக்கு நாசியிற்சீப் பாயு நாளும் புலால்போலக்
கச்சிற் கனத்த முலையாளே கபால சேற்ப மிதுகாணே"

-பரராசசேகரம்-சிரரோகம்

As per Parasasegaram, Kabala Silethumam is characterised by heaviness of forehead, cough, throbbing head ache, facial glittering, palloriness of eyes, increased body temperature and sweating.

SIMILARITIES	
PEENISAM	KABALA SILETHUMAM
HEADACHE	
<p>“..தலைமிகவலிக்கும்.</p> <p>➤ Severe headache</p>	<p>"..உச்சி யிடிக்கு மயிர்முறியு முறக்கம் பெரிதா..."</p> <p>➤ Throbbing pain in vertex</p>
NASAL DISEASE	
<p>“...நாசி சளிவிழு...”</p> <p>➤ Mucous discharge from the nose</p>	<p>“..நாசியிற்சீப் பாயு நாளும் புலால்போலக்..”</p> <p>➤ Mucous discharge from the nose with Odour of meat wash</p>

DISSIMILARITIES	
EXCLUSIVE SYMPTOMS OF PEENISAM	EXCLUSIVE SYMPTOMS OF KABAALA SILETHUMAM
<p>“...நலிவுறு தும்மலுண்டாம்..”</p> <p>➤ Recurrent sneezing</p> <p>“..பெலமுற மூக்கடைக்கும்..”</p> <p>➤ Nasal obstruction</p> <p>“...வாயுமே நாற்ற முண்டாம்..”</p> <p>➤ Halitosis (bad odour)</p>	<p>"உச்சி யிடிக்கு மயிர்முறியு முறக்கம் பெரிதா முகங்கறுக்கும்..."</p> <p>➤ Splitting of hair, Sleepiness</p> <p>➤ Darkening of face.</p> <p>“...அச்சந் தோன்றுங் கைகால்க ளயரும் வேர்க்கும் விழிசிவக்கும்...”</p> <p>➤ Weariness of limbs</p> <p>“...அச்சந் தோன்றுங் கைகால்க ளயரும் வேர்க்கும் விழிசிவக்கும்...”</p> <p>➤ Redness of eyes</p>

4. DISCUSSION OF DIFFERENTIAL DIAGNOSIS BETWEEN PEENISAM AND KABAALA IYA AZHAL

பீனிசம்

“தலைமிகவலிக்கும் நாசி சளிவிழு மொடுவுண்டாகும்
நலிவுறு தும்மலுண்டாம் நாட்செலில் வறளும் நாசி
மலைவறத் திரண்டு வீழும் வாயுமே நாற்ற முண்டாம்
பெலமுற மூக்கடைக்கும் பீனிச மென்று தேரே”

- நாகமுனிவர் தலைநோய் மருத்துவம்

According to the text Nagamunivar Thalainoi Maruthuvam, the symptoms of Peenisam are given as Headache, mucous discharge from the nose, recurrent sneezing, dryness of the nose, halitosis and nasal stuffiness.

கபால ஐய அழல்

“சென்னியின் மீது பித்த சேற்பனஞ் செய்கு ணங்கேள்
மன்னிய புருவ நெற்றி வருமுச்சி யிவற்றிற் குத்தும்
முன்னமே விழிநீர் பாய்ந்து சிவந்திடு மூக்கு நோவாம்
தன்னுடல் வெதும்பி நெஞ்சிற் சலமுறைந் திருமுந் தானே.”

-பரராசசேகரம்-சிரரோகம்

As per Pararasasegaram, the clinical features of Kabaala Iya Azhal are throbbing pain in forehead, eyebrows and vertex, redness and watering of eyes, nasal disorders, fatigue and cough.

SIMILARITIES	
PEENISAM	KABAALA IYA AZHAL
HEADACHE	
<p>“..தலைமிகவலிக்கும்..”</p> <p>➤ Severe headache</p>	<p>“...மன்னிய புருவ நெற்றி வருமுச்சி யிவற்றிற் குத்தும்...”</p> <p>➤ Throbbing pain in eyebrows, frontal area and vertex</p>
NASAL DISORDER	
<p>“..பெலமுற மூக்கடைக்கும்..”</p> <p>➤ Nasal obstruction</p>	<p>“...முன்னமே விழிநீர் பாய்ந்து சிவந்திடு மூக்கு நோவாம்...”</p> <p>➤ Nasal diseases</p>

DISSIMILARITIES	
EXCLUSIVE SYMPTOMS OF PEENISAM	EXCLUSIVE SYMPTOMS OF KABAALA IYA AZHAL
<p>“...நலிவுறு தும்மலுண்டாம்..”</p> <p>➤ Recurrent sneezing</p> <p>“...நாசிசளிவிழு...”</p> <p>➤ Mucous discharge from the nose</p> <p>“...வாயுமே நாற்ற முண்டாம்..”</p> <p>➤ Halitosis(bad odour)</p>	<p>“...தன்னுடல் வெதும்பி நெஞ்சிற் சலமுறைந் திருமுந் தானே...”</p> <p>➤ Fatigue</p> <p>“...முன்னமே விழிநீர் பாய்ந்து சிவந்திடு மூக்கு நோவாம்...”</p> <p>➤ Redness and watering of eyes</p>

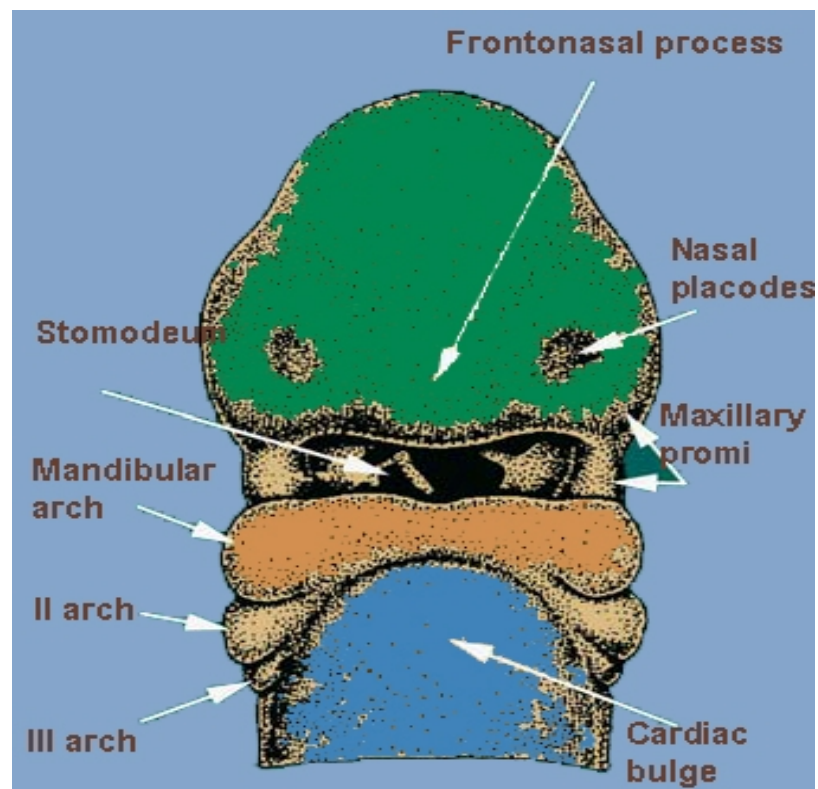
8.1. ANATOMY OF NOSE AND PARANASAL SINUSES

The Nose is an important part of the face; it gives the individual his characteristic appearance.

8.2. EMBRYOLOGY OF NOSE AND PARANASAL SINUSES

Developmentally nose and paranasal sinuses are interlinked. Development of head and neck along with face, nose and paranasal sinuses takes place simultaneously in a short window span. At the end of 4th week of development branchial arches, branchial pouches and primitive gut makes their appearance. This is when the embryo gets its first identifiable head and face with an orifice in its middle known as the stomadaeum.

FIGURE SHOWING DEVELOPMENT OF NOSE AND PNS



The stomadaeum (primitive mouth) is surrounded by mandibular and maxillary prominences bilaterally. These prominences are derivatives of first arch. This arch will give rise to all vascular and neural supply of this area. The stomadaeum is limited superiorly by the presence of frontonasal eminence and inferiorly by the mandibular arch.

The frontonasal process inferiorly differentiates into two projections known as “Nasal Placodes”. These nasal placodes will be ultimately invaded by growing ectoderm and mesenchyme. These structures later fuse to become the nasal cavity and primitive choana, separated from the stomadaeum by the oronasal membrane. The primitive choana forms the point of development of posterior pharyngeal wall and the various paranasal sinuses.

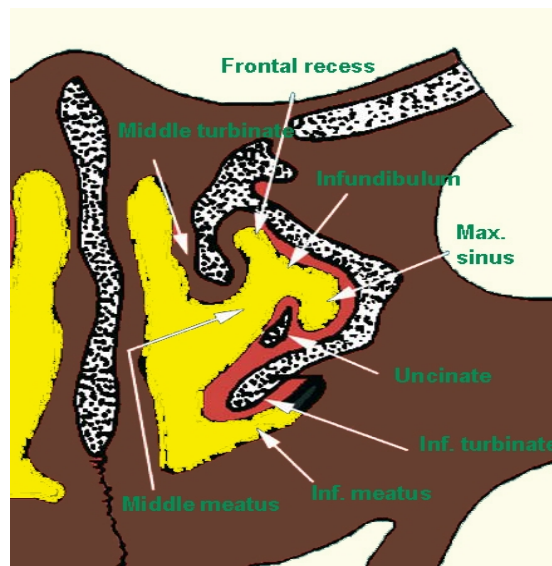
The Oronasal membrane is fully formed by the end of 5th week of development. It gives rise to the floor of the nose (palate develops from this membrane). The continuing growth of embryo brings both the nasal placodes and the maxillary processes together in midline to form the maxilla and the beginning of the external nose. The frontonasal prominence gives rise to inferior mesodermic projection which goes on to form the nasal septum dividing the nose into two cavities. Simultaneously the skull and facial bones also develop. The skeletal system develops from mesoderm. Each cranial bone is formed by a series of bone spicules that grow from the centre towards the periphery. At birth all the cranial bones are separated by layers of connective tissue which later fuses and ossifies in the postnatal period.

At about 25 – 28 weeks of gestation, three medially directed projections arise from the lateral wall of the nose. This serves as the beginning of the development of Paranasal sinuses. Between these projections small lateral diverticula invaginate into the primitive choana to eventually form the meati of the nose.

The medial projections arising from the lateral wall of the nose forms the following structures:

1. The anterior projection forms the agger nasi
2. The inferior (maxilloturbinate) projection forms the inferior turbinate and maxillary sinus
3. The superior projection (ethmoidoturbinate) forms the superior turbinate, middle turbinate, ethmoidal air cells and their corresponding drainage channels. The middle meatus develops between the inferior and middle meatus.
4. The middle meatus invaginates laterally to form the embryonic infundibulum and uncinate process. During the 13th week of development the embryonic infundibulum grows superiorly to form the frontal recess area.

FIGURE SHOWING INFUNDIBULUM, AND MEATI OF NOSE DEVELOPING



8.3. HISTOLOGY OF NASAL CAVITY

Each wall of nasal cavity is divisible into three distinct regions,

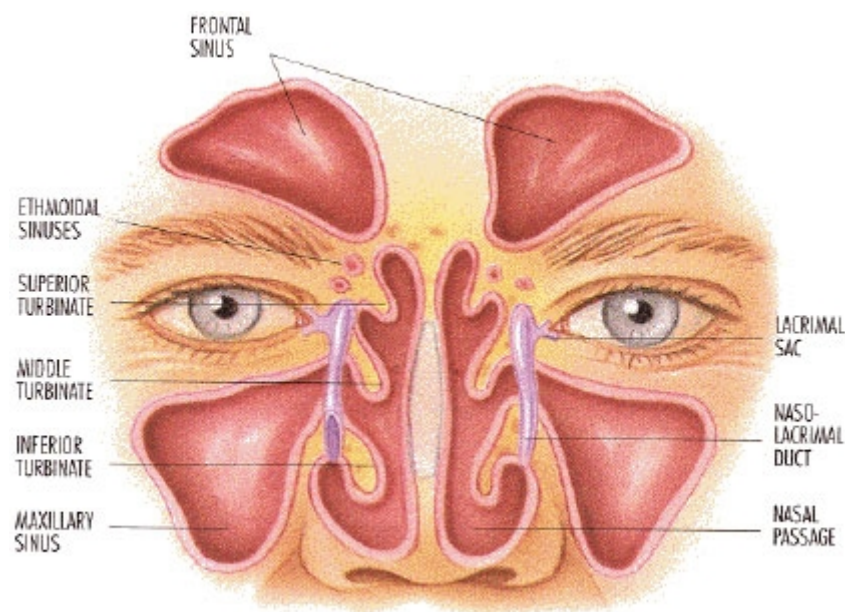
- ❖ The vestibule of the nasal cavity is lined by skin continuous with that on the exterior of the nose.
- ❖ Hair and Sebaceous glands are present.
- ❖ Receptors for smell are located in the olfactory mucosa which is confined to a relatively small area on the superior nasal concha, and on the adjoining part of nasal septum.
- ❖ The rest of the wall of each half of the nasal cavity is covered by respiratory mucosa lined by pseudo stratified ciliated columnar epithelium.

8.4. STRUCTURE OF NOSE & PARANASAL SINUSES

The Nose is divided into 2 parts:

- The External nose.
- The Internal nose (nasal cavities)

FIGURE SHOWING SINUSES AND TURBINATES OF NOSE



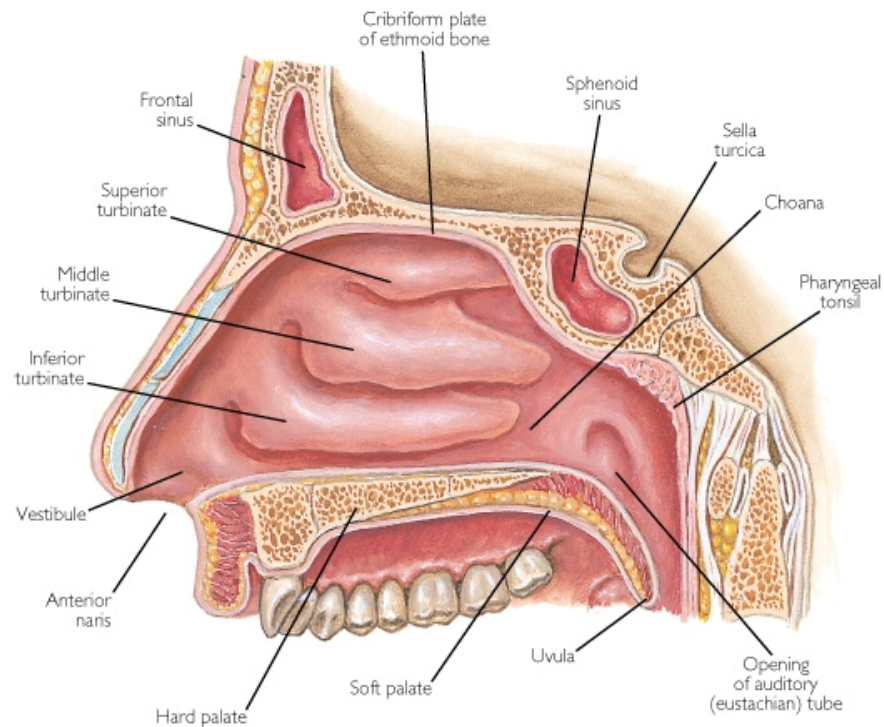
1-The External nose:

- ❖ The external nose has a skeletal framework that is partly bony and partly cartilaginous.
- ❖ The bones are the nasal bones, which form the bridge of the nose, and the frontal processes of the maxillae.
- ❖ The cartilages are the superior and inferior nasal cartilages, the septal cartilage, and some small cartilages.
- ❖ The outer surface is covered by skin which is thin and mobile above and thick and adherent to the subcutaneous structures near the tip.

2-The Internal nose (the nasal cavity):

- ❖ The nasal cavity extends from the external nares or nostrils to the posterior nasal apertures, and is subdivided into right and left halves by the nasal septum.
- ❖ Each cavity has a **roof, floor, medial** and **lateral** walls.
 - **The floor** is formed by the palatine process of the maxilla and the horizontal process of palatine bone.
 - **The roof** is narrow and is formed (from behind forward) by the body of the sphenoid, cribriform plate of the ethmoid and the frontal bone.

FIGURE SHOWING MEDIAL WALL OF NASAL CAVITY



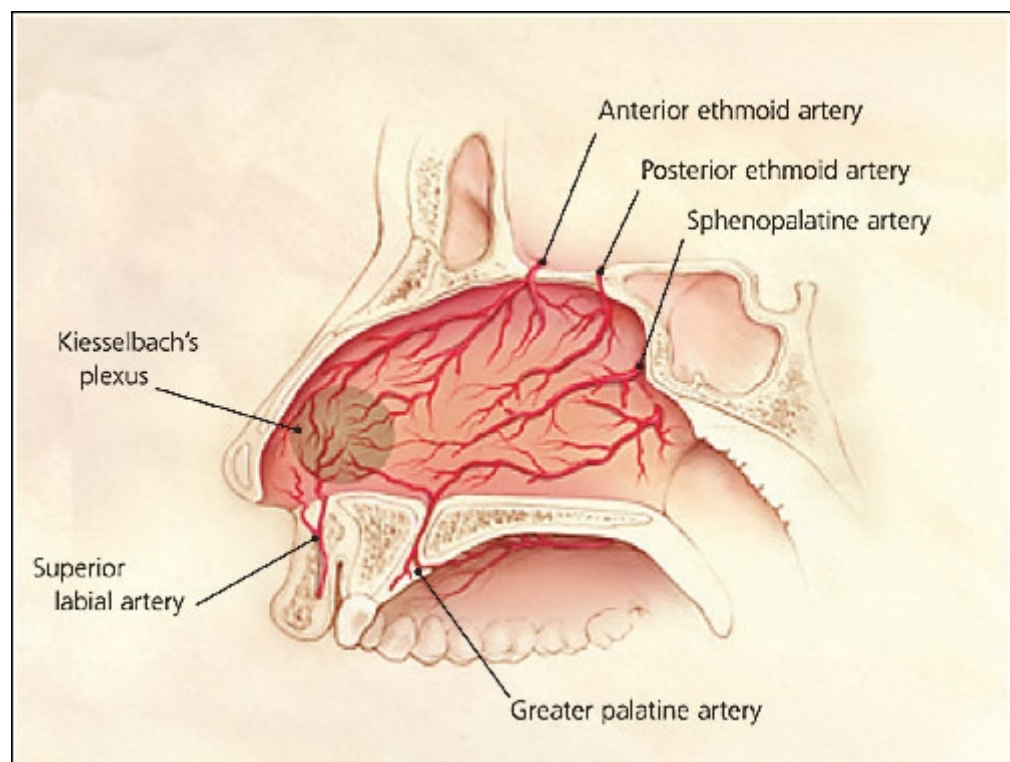
- **The medial wall** (the nasal septum) is an osteocartilaginous partition Covered by adherent mucoperichondrium and mucoperiosteum .The upper part is formed by the perpendicular plate of the ethmoid bone, the posterior part by the vomer and the anterior portion is formed by septal cartilage.
- **The lateral wall** is the most complex, it contains 3 shelf –like projection into the nasal cavity called the turbinates (the superior, middle and the Inferior turbinates) The groove below each turbinate is referred to as a meatus. There are 3 meati called the superior ,middle and the inferior meatus) into these meati the paranasal sinuses open and join the nasal cavity. The area above the superior turbinate is called the sphenoethmoidal recess.
- ❖ **The inferior meatus** contain the opening of nasolacrimal duct.
- ❖ **The middle meatus** contains the ostia (openings) of the frontal ,maxillary and the anterior ethmoid sinuses.
- ❖ **The superior meatus** receives the opening of the posterior ethmoid sinus.

- ❖ **The sphenothmoidal recess** receives the opening of the sphenoid sinus.

8.5. Blood supply of the Nose:

- It is supplied by branches of internal and external carotid arteries.
- Branches of the internal carotid artery that supply the nose are the anterior and posterior ethmoidal arteries. While the external carotid artery supplies the nose through its maxillary branch and small contribution of the facial artery.
- The internal carotid artery and external carotid artery branches anastomose freely in the nose, the common site of anastomosis is in the antero-inferior part of the nasal septum (Little's Area), the arteries that share in this anastomosis are the sphenopalatine artery, greater palatine artery, superior labial artery and branch from the anterior ethmoidal artery.

FIGURE SHOWING BLOOD SUPPLY TO NOSE



8.6. The venous drainage

The Nose characterized by rich submucosal plexus of venous sinusoids, these drained by veins that accompany the arteries.

8.7. Nerve supply

1- **Olfactory nerves:** They arise from a specialized olfactory epithelium in the olfactory mucosa .They ascend through the cribriform plate to reach the olfactory bulb.

2- **Nerves of ordinary sensation:** They are from the ophthalmic and maxillary divisions of the trigeminal nerve.

3-**vasomotor nerve supply** (the autonomic nerve supply):

A-Parasympathetic when it is simulated it causes vasodilatation. And stimulate

glandular secretion

B- Sympathetic nerves It causes vasoconstriction when stimulated and inhibit

glandular secretion.

8.8. Lymphatic drainage

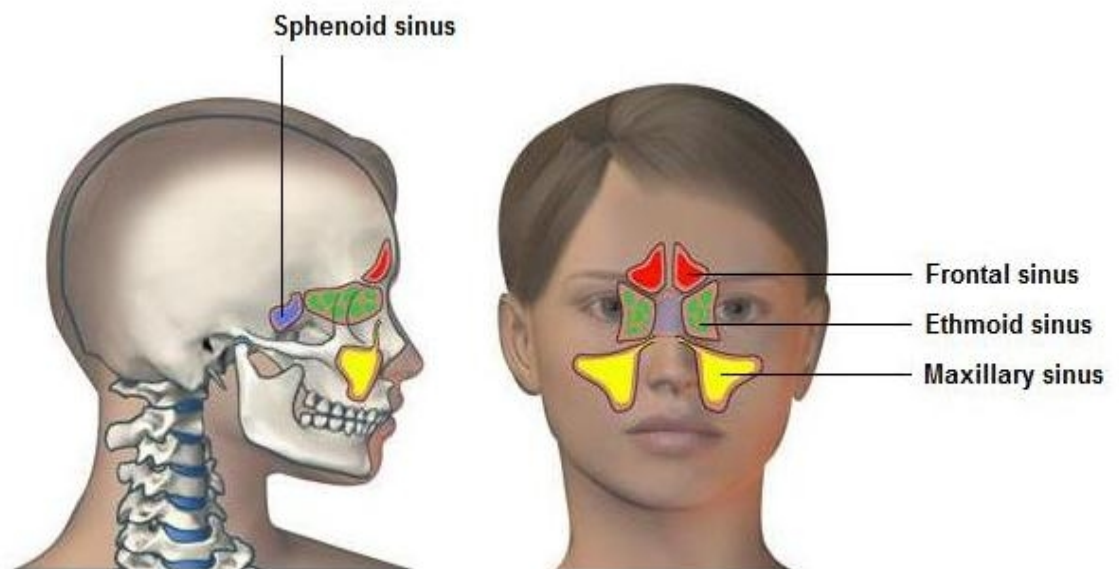
The Nose drained to the submandibular lymph nodes and the upper deep cervical lymph nodes .

8.9. PARANASAL SINUSES

Paranasal sinuses are airfilled spaces present within somebones around the nasalcavities. The sinuses are frontal, maxillary, sphenoidal and ethmoidal. All of them open into the nasal cavity through its lateral wall. The function of the sinuses is to make skull lighter and resonance to the voice. In affections of the sinuses or sinusitis, the voice is altered.

The sinuses are rudimentary, or even absent at birth. They enlarge rapidly during the ages of six to seven years, i.e . Time of eruption of permanent teeth and then after puberty. From birth to adult life the growth of the sinuses is due to enlargement of the bones; in old age it is due to resorption of the surrounding cancellous bone.

FIGURE SHOWS PARANASAL SINUSES



Maxillary Sinus:

The maxillary sinus lies in the body of the maxilla and is the largest of all the paranasal sinuses. It is pyramidal in shape, with its base directed medially towards the lateral wall of the nose, and the apex directed laterally in the zygomatic process of the maxilla. It opens into the middle meatus of the nose. Its roof is formed by the floor of orbit, The floor is formed by the alveolar process of the maxilla.

Frontal sinus:

The frontal sinus lies in the frontal bone deep to the superciliary arch. It extends upwards above the medial end of the eyebrow, and backwards into the medial part of the roof of the orbit. It is related anteriorly to the forehead, posteriorly to the

anterior cranial fossa and inferiorly to the nose and orbit. Each sinus opens into the middle meatus.

Sphenoid sinus:

The right and left sphenoidal sinuses lie within the body of the sphenoid bone. They are separated by a septum. The two sinuses are usually unequal in size. Each sinus open into the sphenoethmoidal recess of the corresponding half of the nasal cavity.

Ethmoid sinus:

Ethmoid sinuses are numerous small intercommunicating spaces which lie within the labyrinth of the Ethmoid bone. They are completed above by the orbital plate of the frontal bone, from behind by the sphenoidal conchae and the orbital process of the palatine bone, and anteriorly by the lacrimal bone. The sinuses are divided into anterior, middle and posterior groups. The anterior ethmoid air cells open into the middle meatus and the posterior ethmoid air cells open into the superior meatus.

8.10. PHYSIOLOGY OF THE NOSE

The nose has several functions

1- Respiratory function

- a-** It provides an airway for respiration.
- b-** Filtration of the inspired air.
- c-** Humidification of the inspired air.
- d-** Adjusts the temperature of the inspired air.

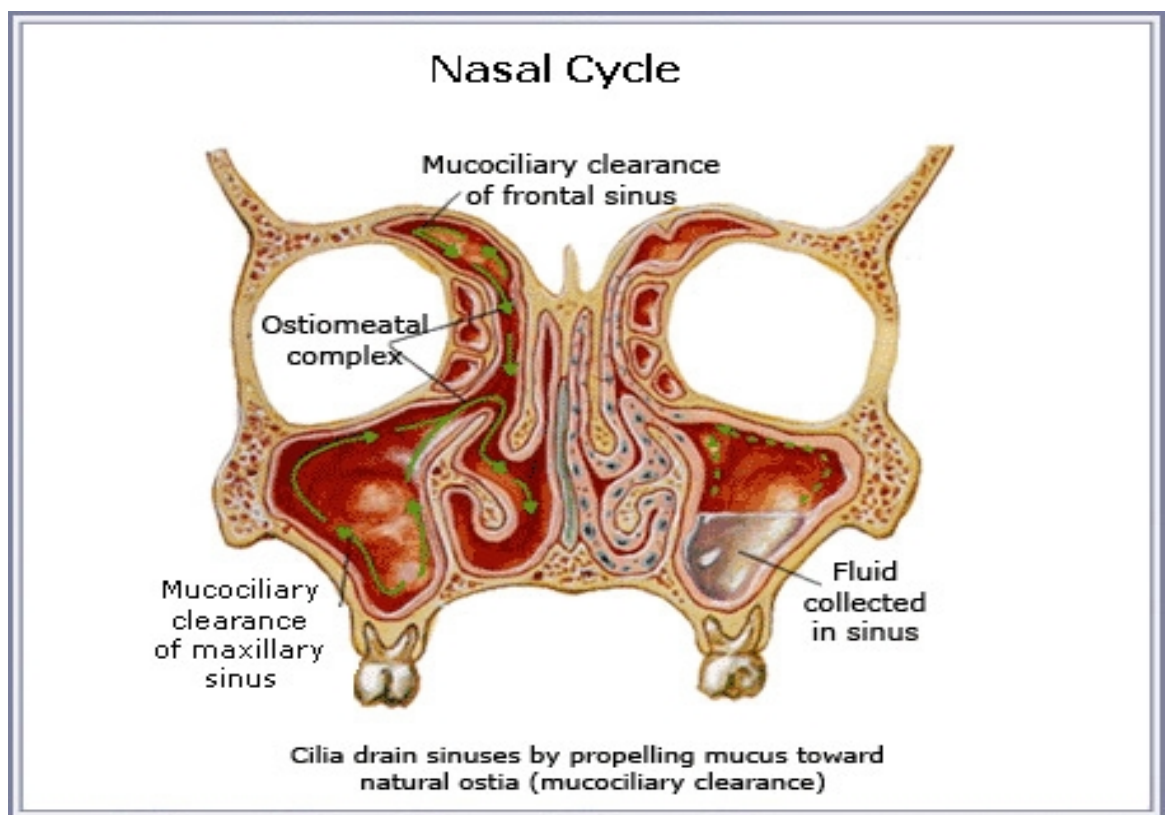
2- Olfactory function.

3- Phonatory function. It provides the voice with a resonant quality.

4-Mucociliary Clearance (MCC) is an important innate defense mechanism by which both upper and lower airways cleanse their surface of inhaled pollutants, allergens, pathogens, and mucus secreted by goblet cells and submucosal glands. This protective mechanism is especially important in the upper airways and sinuses, as the

removal of debris-laden mucus in the sinuses completely depends on MCC, whereas in the lower airways MCC can be compensated for by other mechanisms such as coughing. The mucociliary apparatus consists of three functional components: the cilia on respiratory epithelium, the mucus layer, and the underlying airway surface liquid layer.

FIGURE SHOWING NASAL MUCOCILIARY CLEARANCE



8.11. RHINO SINUSITIS

Rhinosinusitis refers to an inflammatory condition involving the four paired structures surrounding the nasal cavities. Although most cases of Sinusitis involve more than one sinus, the maxillary sinus is most commonly involved; next, in order of frequency, are the ethmoid, frontal, and sphenoid sinuses. Each sinus is lined with a

respiratory epithelium that produces mucus, which is transported out by ciliary action through the sinus ostium and into nasal cavity.

Sinusitis affects a tremendous amount of proportion of the population, accounts for millions of visits to primary care physicians each year, and is the fifth leading diagnosis for which antibiotics are prescribed.

FORMS OF SINUSITIS

Sinusitis is classified based on duration as acute, subacute, or chronic, or recurrent.

- Acute: Less than 4 weeks
- Subacute: 4 - 12 weeks
- Chronic: 12 weeks or longer
- Recurrent: 3 or more acute episodes in 1 year

ACUTE RHINOSINUSITIS

Acute rhinosinusitis – defined as sinusitis of <4 weeks duration – constitutes the vast majority of sinusitis cases. Most cases are diagnosed in the ambulatory care setting and occur primarily as a consequence of a preceding viral URI.

AETIOLOGY

The ostial obstruction that results in rhinosinusitis can arise from both infectious and non infectious causes.

NON INFECTIOUS CAUSES

Non infectious causes include allergic rhinitis, barotraumas, and exposure to chemical irritants.

Obstruction also can occur with nasal and sinus tumors (e.g., squamous cell carcinoma) or granulomatous diseases (e.g., granulomatosis with polyangitis) and conditions leading to altered mucus content (e.g., cystic fibrosis) can cause sinusitis through impaired mucus clearance.

INFECTIOUS CAUSES

VIRAL RHINOSINUSITIS

Viral rhinosinusitis is far more common than bacterial sinusitis, in the study that have done so, the viruses most commonly isolated – both alone and with bacteria – have been rhinovirus, parainfluenza virus, and the influenza virus.

BACTERIAL RHINOSINUSITIS

Bacterial causes of sinusitis have been better described. Among community – acquired cases, *S.Pneumoniae* and nontypable *Haemophilus influenzae* are the most common pathogens, accounting for 50-60% of cases.

Moraxella catarrhalis causes disease in significant percentage (20%) of children but a lesser percentage in adults.

Other Streptococcal species and *Staphylococcus aureus* cause only a small percentage of cases, although there is increasing concern about community- acquired methicillin – resistant *S.aureus* (MRSA) as an emerging cause.

Nosocomial cases commonly associated with bacteria found in the hospital environment, including *S.aureus*, *Pseudomonas aeruginosa*, *Serratia marcescens*, *Klebsiella pneumonia*, and *Enterobacter* species.

FUNGI RHINOSINUSITIS

Fungi are also established causes of sinusitis, although most acute cases are in immunocompromised patients and represent invasive, and life threatening infections.

The best – known example is rhinocerebral mucormycosis caused by the fungi of the order Mucorales, which includes *Rhizopus*, *Rhizomucor*, *Mucor*, *Mycocladius* and *cunninghamella*.

These infections classically occur in diabetic patients with ketoacidosis but also can develop in transplant recipients, patients with hematologic malignancies, and patients receiving chronic granulocorticoid or deferoxamine therapy.

Other hyaline molds, such as *Aspergillus* and *Fusarium* species, are also occasional causes of this disease.

CLINICAL MANIFESTATIONS

A large proportion of patients with colds have sinus inflammation, although as previously stated, true bacterial sinusitis complicates only 0.2 – 2% of these viral infections.

Common presenting symptoms of sinusitis include nasal drainage and congestion, facial pain or pressure, and headache. Thick, purulent or discolored nasal discharge is often thought to indicate bacterial sinusitis but also occurs early in viral infections such as the common cold and is not specific to bacterial infection.

Other non – specific manifestations include cough, sneezing and fever. Tooth pain, most often involving the upper molars, as well as halitosis can be associated with bacterial sinusitis.

In acute sinusitis, sinus pain or pressure often localizes to the involved sinus (particularly the maxillary sinus) and can be worse when the patient bends over or is supine. Although rare, manifestations of advanced sphenoid or ethmoid sinus infection can be profound. Including severe frontal or retroorbital pain radiating to the occiput, thrombosis of the cavernous sinus, and signs of orbital cellulitis.

Acute focal sinusitis is uncommon but should be considered over the maxillary sinus and fever in patients with severe symptoms, regardless of illness duration.

Patients with acute fungal rhinosinusitis often present symptoms related to pressure effects, particularly when the infection has spread to the orbits and cavernous sinus. Signs such as orbital swelling and cellulitis, proptosis, ptosis, and decreased extraocular movements are common, as is retroorbital or periorbital pain.

Nasopharyngeal ulcerations, epistaxis, and headaches are also common, and involvement of cranial nerves V and VII has been described in more advanced cases.

CHRONIC SINUSITIS

Chronic sinusitis is characterized by symptoms of sinus inflammation lasting > 12 weeks. This illness is most commonly associated with either bacteria or fungi, and clinical cure in most cases is very difficult.

CHRONIC BACTERIAL SINUSITIS

In chronic bacterial sinusitis, infection is thought to be due to the impairment of mucociliary clearance from repeated infections rather than to persistent bacterial infection. Although certain conditions (e.g., cystic fibrosis) can predispose patients to chronic bacterial sinusitis, most patients with chronic rhinosinusitis do not have obvious underlying condition that results in obstruction of sinus drainage, the impairment of ciliary action, or in immune dysfunction.

Patient experience constant nasal congestion and sinus pressure, with intermittent periods of greater severity, which may persists for many years.

CHRONIC FUNGAL SINUSITIS

Chronic fungal sinusitis is a disease of immunocompetent hosts and is usually non-invasive, although slowly progressive invasive disease which is sometimes seen. Noninvasive disease, which typically is associated with hyaline molds such as *Aspergillus* species and dematiaceous molds such as *Curvularia* or *Bipolaris* species, can present as a number of different scenarios.

RISK FACTORS

Sinusitis is one of the most common diseases in the United States, affecting about 1 in 7 adults each year. About 31 million Americans are diagnosed with sinusitis each year.

YOUNG CHILDREN AND SINUSITIS

Before the immune system matures, all infants are susceptible to respiratory infections, with a possible frequency of one cold every 1 - 2 months. Young children are prone to colds and may have 8 - 12 bouts every year. Smaller nasal and sinus passages also make children more vulnerable to upper respiratory tract infections than older children and adults. Ear infections such as Otitis media are also associated with sinusitis. Nevertheless, true sinusitis is very rare in children under 9 years of age. Some doctors believe it is greatly over diagnosed in this population.

THE ELDERLY AND SINUSITIS

The elderly are at specific risk for sinusitis. Their nasal passages tend to dry out with age. In addition, the cartilage supporting the nasal passages weakens, causing airflow changes. They also have diminished cough and gag reflexes and faltering immune systems and are at greater risk for serious respiratory infections than are young and middle-aged adults.

PEOPLE WITH ASTHMA OR ALLERGIES

People with asthma or allergies are at higher risk for non-infectious inflammation in the sinuses. The risk for sinusitis is higher in patients with severe asthma. People with a combination of polyps in the nose, asthma, and sensitivity to aspirin (called Samter's, or ASA, triad) are at very high risk for chronic or recurrent acute sinusitis.

HOSPITALIZATION

Some hospitalized patients are at higher risk for sinusitis, particularly those with:

- Head injuries
- Conditions requiring insertion of tubes through the nose

- Breathing aided by mechanical ventilators. (Such patients may have a significantly higher risk for maxillary sinusitis.)
- Patients who had a weakened immune system (immunocompromised)

OTHER MEDICAL CONDITIONS AFFECTING THE SINUSES

A number of medical conditions put people at risk for chronic sinusitis. They include:

- Diabetes
- Gastroesophageal reflux disease
- Nasal polyps or septal deviation
- AIDS and other disorders of the immune system predispose the patient to sinusitis (fungal infections are especially risky)
- Oral or intravenous steroid treatment
- Hypothyroidism -- causes congestion that clears up when the condition is treated
- Cystic fibrosis -- a genetic disorder in which the mucus is very thick and builds up
- Kartagener's syndrome

MISCELLANEOUS RISK FACTORS

Dental Problems. Anaerobic bacteria are associated with infections from dental problems or procedures, which precipitate about 10% of cases of maxillary sinusitis.

Changes in Atmospheric Pressure. People who experience changes in atmospheric pressure, such as while flying, climbing to high altitudes, or swimming, risk sinus blockage and therefore an increased chance of developing sinusitis. (Swimming increases the risk for sinusitis for other reasons, as well.)

Cigarette Smoke and Other Air Pollutants. Air pollution from industrial chemicals, cigarette smoke, or other pollutants can damage the cilia responsible for moving mucus through the sinuses. Whether air pollution is an important cause of sinusitis

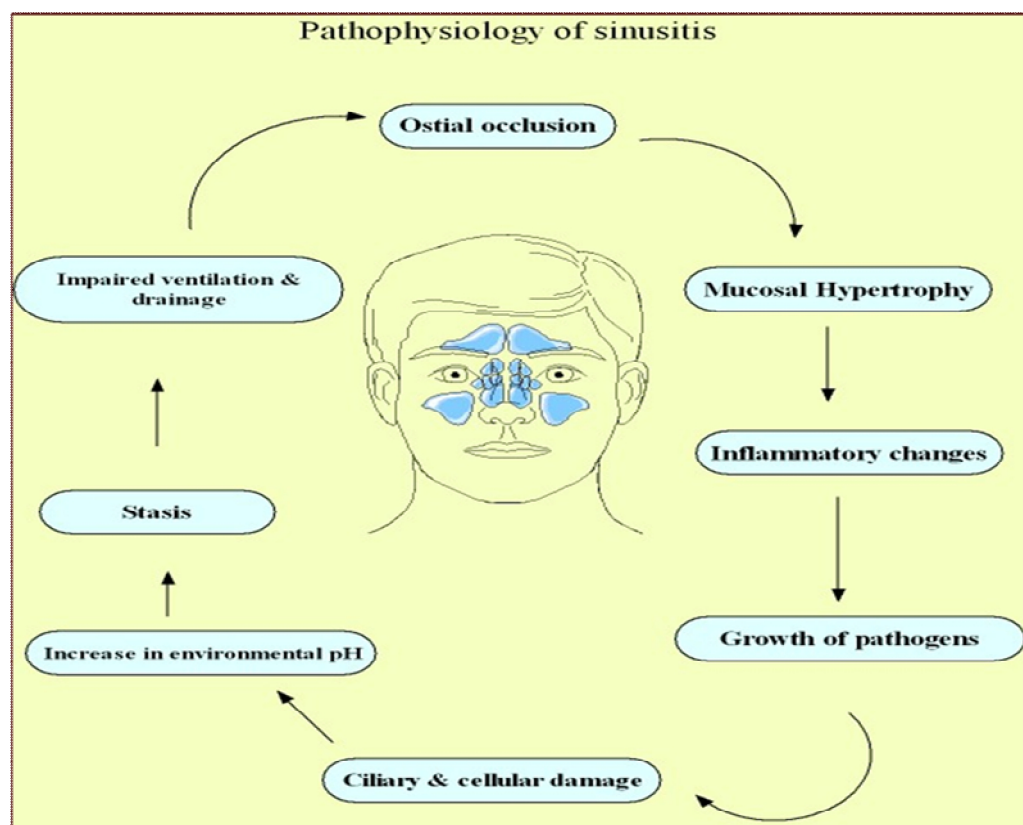
and, if so, which pollutants are critical factors, is still not clear. Cigarette smoke, for example, poses a small but increased risk for sinusitis in adults. Second-hand smoke does not appear to have any significant effect on adult sinuses, although it may pose a risk for sinusitis in children.

PATHOPHYSIOLOGY OF SINUSITIS

The mucosa of sinus shows chronic inflammatory changes. The cilia gets damaged by the infection with resultant inadequate drainage of sinus cavity, particularly the maxillary sinus where the ostium is situated high up in the medial wall. The retained secretions thereby leads to reinfection.

Periphlebitis and perilymphangitis may occur leading to oedema and polyp formation, the so called hypertrophic or polypoidal sinusitis. Sometimes there occurs metaplasia of ciliated columnar epithelium to the stratified squamous type with interspersed papillary hyperplastic epithelial and inflammatory cells producing a picture of papillary hypertrophic sinusitis.

Occasionally the chronic inflammatory process may induce atrophic changes in the sinus mucosa with increase in submucosal fibrous tissue (Atrophic Sinusitis).



COMPLICATIONS

Bacterial sinusitis is nearly always harmless (although uncomfortable and sometimes even very painful). If an episode becomes severe, antibiotics generally eliminate further problems. In rare cases, however, sinusitis can be very serious.

Osteomyelitis. Adolescent males with acute frontal sinusitis are at particular risk for severe problems. One important complication is infection of the bones (osteomyelitis) of the forehead and other facial bones. In such cases, the patient usually experiences headache, fever, and a soft swelling over the bone known as Pott's puffy tumor.

Infection of the Eye Socket. Infection of the eye socket, or *orbital infection*, which causes swelling and subsequent drooping of the eyelid, is a rare but serious complication of ethmoid sinusitis. In these cases, the patient loses movement in the eye, and pressure on the optic nerve can lead to vision loss, which is sometimes permanent. Fever and severe illness are usually present.

Blood Clot. Blood clots are another danger, although rare, from ethmoid or frontal sinusitis. If a blood clot forms in the sinus area around the front and top of the face, symptoms are similar to orbital infection. In addition, the pupil may be fixed and dilated. Although symptoms usually begin on one side of the head, the process usually spreads to both sides.

Brain Infection. The most dangerous complication of sinusitis, particularly frontal and sphenoid sinusitis, is the spread of infection by anaerobic bacteria to the brain, either through the bones or blood vessels. Abscesses, meningitis, and other life-threatening conditions may result. In such cases, the patient may experience mild personality changes, headache, altered consciousness, visual problems, and, finally, seizures, coma, and death.

INCREASED ASTHMA SEVERITY

The relationship between sinusitis and asthma is unclear. A number of theories have been proposed for a causal or shared association between sinusitis and asthma. Successful treatment of both allergic rhinitis and chronic sinusitis in children who also have asthma may reduce symptoms of asthma. It is particularly important to treat any coexisting bacterial sinusitis in people with asthma. Patients might not respond to asthma treatments unless the infection is cleared up first.

EFFECTS ON QUALITY OF LIFE

Pain, fatigue, and other symptoms of chronic sinusitis can have significant effects on the quality of life. This condition can cause emotional distress, impair normal activity, and reduce attendance at work or school. According to the American Academy of Allergy, Asthma, and Immunology, the average patient with sinusitis misses about 4 work days a year, and sinusitis is one of the top 10 medical conditions that most adversely affect American employers.

DIAGNOSIS

Patients should see a doctor if they have sinusitis symptoms that do not clear up within a few days, are severe, or are accompanied by high fever or acute illness. However, only one-half to two-thirds of patients with such symptoms actually have sinusitis.

Some doctors believe that too many patients are diagnosed with true sinusitis and given unnecessary antibiotics when their symptoms would actually resolve easily in days with over-the-counter medications or no drugs at all.

The first goal in diagnosing sinusitis is to rule out other possible causes of symptoms, and then determine:

- The site where the infection has occurred
- Whether the condition is acute or chronic
- The organism causing the infection (if possible)

DIAGNOSTIC APPROACH TO ACUTE SINUSITIS

Medical History. The patient should describe all symptoms such as nasal discharge and specific pain in the face and head, including eye and tooth pain. After assessing symptoms, the doctor should take a thorough medical history of the patient:

- Any history of allergies or headaches
- Recent upper respiratory infection (colds, flus, infection) and how long they have lasted
- History of sinusitis episodes that is unresponsive to antibiotic treatment. (In such cases, the doctor will usually diagnose chronic or recurrent acute sinusitis and may refer the patient to a specialist for more advanced testing.)
- Exposure to cigarette smoke or other environmental pollutants
- Recent travel
- Recent dental procedures
- Medications being taken (particularly decongestants)
- Any known structural abnormalities in the nose and face
- Injury to the head or face
- History of medical conditions, such as chronic fatigue syndrome or fibromyalgia, which can produce tender areas in the face or sinus regions and nonspecific symptoms of ill health
- Any family history of allergies, immune disorders, cystic fibrosis, or immotile cilia syndrome
- In small children with sinusitis, whether they attend a day care center or nursery school

PHYSICAL EXAMINATION

The doctor will press the forehead and cheekbones to check for tenderness and other signs of sinusitis, including yellow to yellow-green nasal discharge. The doctor will also check the inside of the nasal passages using a device with a bright light to check the mucus and look for any structural abnormalities.

NASAL ENDOSCOPY (RHINOSCOPY)

Nasal endoscopy, or rhinoscopy, involves the insertion of a flexible tube with a fiberoptic light on the end into the nasal passage. Rhinoscopy allows detection of even very small abnormalities in the nasal passages and can better evaluate structural problems of the nasal septum, as well as the presence of soft tissue masses such as polyps. It may also identify small amounts of pus draining from the opening of a sinus. Bacterial cultures can also be taken from samples removed using endoscopy. (Endoscopy is also used for treating sinusitis.)

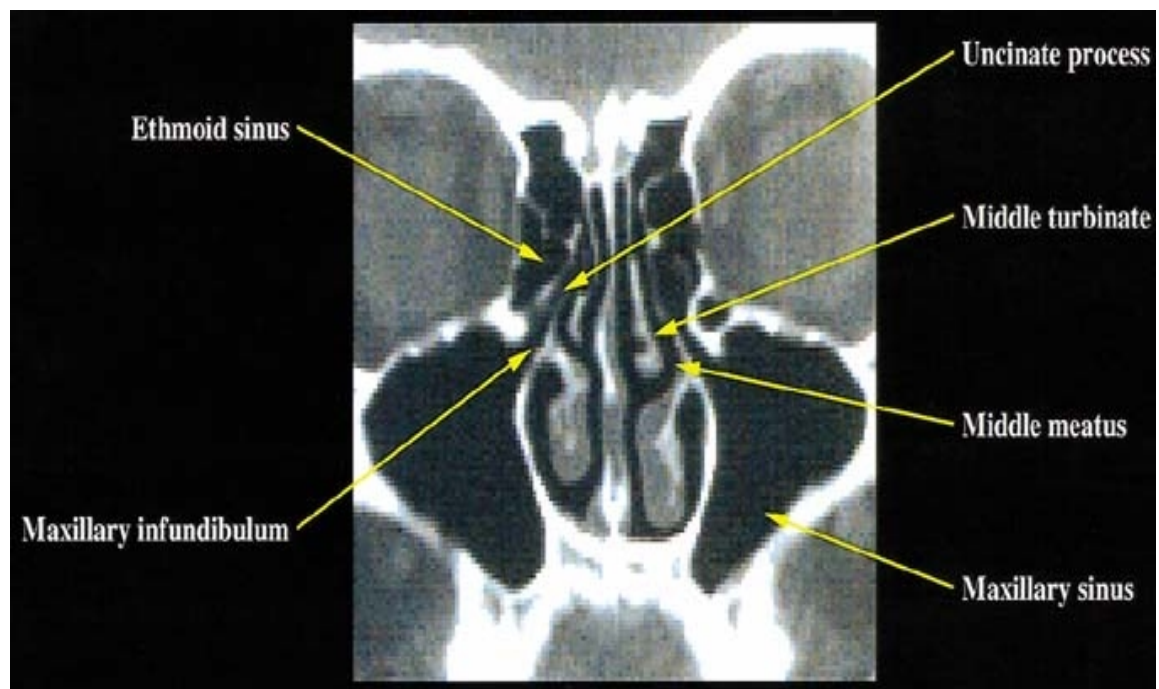
FIG SHOWING NASAL ENDOSCOPY



IMAGING TECHNIQUES

Computer Tomography. Computed tomography (CT) scanning is the best method for viewing the paranasal sinuses. There is little relationship, however, between symptoms in most patients and findings of abnormalities on a CT scan. CT scans are recommended for acute sinusitis only if there is a severe infection, complications, or a high risk for complications. CT scans are useful for diagnosing chronic or recurrent acute sinusitis and for surgeons as a guide during surgery. They show inflammation and swelling and the extent of the infection, including in deeply hidden air chambers missed by x-rays and nasal endoscopy. Often, they can detect the presence of fungal infections.

FIG SHOWING NORMAL ANATOMY OF THE OSTEOMEATAL UNIT AS SEEN ON A LIMITED SINUS COMPUTED TOMOGRAPHIC (CT) SCAN



X-Rays. Until the availability of endoscopy and CT scans, x-rays were commonly used. They are not as accurate, however, in identifying abnormalities in the sinuses. For example, more than one x-ray is needed for diagnosing frontal and sphenoid

sinusitis. X-rays do not detect ethmoid sinusitis at all. This area can be the primary site of an infection that has spread to the maxillary or frontal sinuses.

Magnetic Resonance Imaging. Magnetic resonance imaging (MRI) is not as effective as CT in defining the paranasal anatomy and therefore is not typically used to image the sinuses for suspected sinusitis. MRI is also more expensive than CT. However, it can help rule out fungal sinusitis and may help differentiate between inflammatory disease, malignant tumors, and complications within the skull. It may also be useful for showing soft tissue involvement.

SINUS PUNCTURE AND BACTERIAL CULTURE

Sinus puncture with bacterial culture is the gold standard for diagnosing a bacterial sinus infection. It is invasive, however, and is performed only when antibiotics have not worked. Sinus puncture involves using a needle to withdraw a small amount of fluid from the sinuses. It requires a local anesthetic and is performed by a specialist. The fluid is then cultured to determine what type of bacteria is causing sinusitis.

PREVENTION

The best way to prevent sinusitis is to avoid colds and influenza. If you are unable to avoid them, the next best way to prevent sinusitis is to effectively treat colds and influenza.

GOOD HYGIENE AND PREVENTING TRANSMISSION

Colds and flu are spread primarily when an infected person coughs or sneezes near someone else. A very common method for transmitting a cold is by shaking hands. Everyone should always wash their hands before eating and after going outside. Ordinary soap is sufficient. Waterless hand cleaners that contain an alcohol-based gel are also effective for every day use and may even kill cold viruses. (They

are less effective, however, if extreme hygiene is required. In such cases, alcohol-based rinses are needed.) Antibacterial soaps add little protection, particularly against viruses. Wiping surfaces with a solution that contains one part bleach to 10 parts water is very effective in killing viruses.

VACCINES

Influenza Vaccine. Because influenza viruses change from year to year, influenza vaccines are redesigned annually to match the anticipated viral strains. Doctors recommend that people receive annual influenza vaccinations in October or November.

Although flu vaccines are safe and appropriate for anyone over 6 months of age, the vaccines are now recommended for:

- All healthy children ages six months to 18 years.
- All adults ages 65 years or older;
- Other adults who are at high risk for developing serious medical complications from influenza, and health care workers and others who care for individuals who are at high risk for influenza complications.

Pneumococcal Vaccines. The pneumococcal vaccine protects against *S. pneumoniae* (also called pneumococcal) bacteria, the most common bacterial cause of respiratory infections. There are two effective vaccines available, one called a 23-valent polysaccharide vaccine (Pneumovax, Pnu-Immune) for adults and a 7-valent conjugate vaccine (Prevnar or PCV7) for infants and young children. Doctors are now recommending that more people, including healthy elderly people, be given the pneumococcal vaccine, particularly in light of the increase in antibiotic-resistant bacteria.

Treatment

GENERAL TREATMENT APPROACHES

The primary objectives for treatment of sinusitis are reduction of swelling, eradication of infection, draining of the sinuses, and ensuring that the sinuses remain open. Fewer than half of patients reporting symptoms of sinusitis need aggressive treatment. Home remedies can be very useful.

Treatment of Acute Sinusitis.

- Support treatment with only saline nasal irrigation, decongestants, antihistamines, and expectorants are appropriate for a minimum of 7 - 10 days for patients with mild-to-moderate symptoms, and may be used for longer.
- Antibiotics are not helpful for patients with mild-to-moderate symptoms, so they should not be prescribed for at least the first 7 days.

Treatment of Chronic Sinusitis.

- A broad-spectrum antibiotic (one that can eliminate a wide range of bacteria) may be helpful. Some patients benefit from prolonged therapy.
- A corticosteroid nasal spray. Some doctors also recommend oral corticosteroids (such as prednisone) for patients who do not respond to nasal corticosteroids or for those patients who have nasal polyps. Prednisone is also used for patients who have allergic fungal sinusitis.
- Saline nasal irrigation is often needed on an ongoing basis.
- If the condition dramatically improves after 1 - 2 months, antibiotics are stopped. The patient should continue with both the steroid and saline nasal solutions. If there is no improvement after this time, surgery may be considered. For some people with chronic sinusitis, however, the condition is not curable, and the goal of treatment is to improve the quality of life.
- A thorough diagnostic work-up should be performed to rule out any underlying conditions, including but not limited to allergies, asthma, any

immune problems, gastroesophageal reflux disorder, and structural problems in the nasal passages. If a primary trigger for chronic sinusitis can be identified, it should be treated or controlled if possible.

HYDRATION

Home remedies that open and hydrate sinuses may, indeed, be the only treatment necessary for mild sinusitis that is not accompanied by signs of acute infection.

- Drinking plenty of fluids and getting lots of rest when needed is still the best bit of advice to ease the discomforts of the common cold. Water is the best fluid and helps lubricate the mucus membranes.
- Chicken soup does, indeed, help congestion and aches. The hot steam from the soup may be its chief advantage, although laboratory studies have actually reported that ingredients in the soup may have anti-inflammatory effects. In fact, any hot beverage may have similar soothing effects from steam. Ginger tea, fruit juice, and hot tea with honey and lemon may all be helpful.
- Spicy foods that contain hot peppers or horseradish may help clear sinuses.
- Inhaling steam 2 - 4 times a day is extremely helpful, costs nothing, and requires no expensive equipment. The patient should sit comfortably and lean over a bowl of boiling hot water (no one should ever inhale steam from water as it boils) while covering the head and the bowl with a towel so the steam remains under the cloth. The steam should be inhaled continuously for 10 minutes. A mentholated or other aromatic preparation may be added to the water. Long, steamy showers, vaporizers, and facial saunas are alternatives.

FIG SHOWING STEAM INHALATION



9.1 STUDY TYPE

Observational study

9.2. STUDY DESIGN

An analytical open label, single centric study.

9.3. STUDY PLACE

Department of Noi naadal,
Ayothidoss Pandithar Hospital,
National Institute of Siddha,
Tambaram Sanatorium, Chennai-47.

9.4 STUDY PERIOD

- Total period - 1year
- Recruitment for the study - upto 10 months
- Data entry analysis - 1 month
- Report preparation and submission - 1 month

GANNT CHART: (Study Period - 1 year)

ACTIVITIES (Scaled in Months)	1-10 th	11 th	12th
Recruitment for the study			
Data entry & Analysis			
Report preparation & Submission			

9.5 Sample size

Total	-	50
Patients	-	40
Healthy volunteers	-	10

9.6. SELECTION CRITERIA**9.6.1. INCLUSION CRITERIA**

1. Age 18-60yrs.
2. Headache
3. Mucous discharge from the nose
4. H/o recurrent sneezing
5. Nasal polyp
6. Halitosis

7. Nasal stuffiness

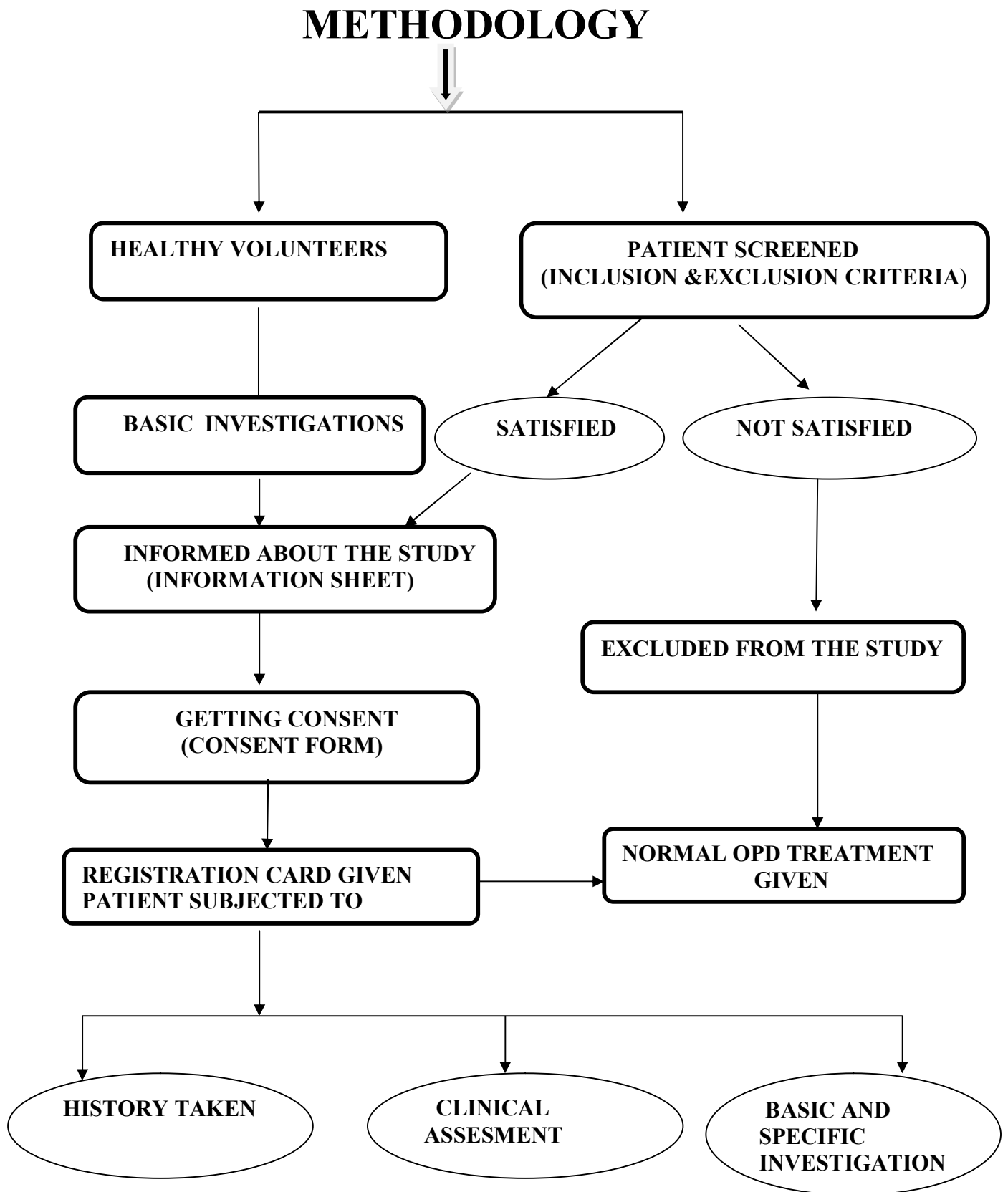
9.6.2. EXCLUSION CRITERIA

1. Sooriyavartham (Migraine)
2. Chandhiraa vartham (Cluster headache)
3. Other major systemic illness
4. Vulnerable group. (Pregnancy, Lactation, Insanes, etc)

9.7. STUDY ENROLLMENT

- In the study, patients reporting at the OPD & IPD of Ayothidoss Pandithar Siddha Hospital with the clinical symptoms of “peeniam” will be referred to the Research group. Those patients will be screened using the screening proforma (Form-I) and examined clinically for enrolling in the study based on the inclusion and exclusion criteria. Based on the inclusion criteria the patients will be included first and excluded from the study on the same day if they hit the exclusion criteria.
- The patients who are to be enrolled would be informed (Form IV-A) about the study, and the objectives of the study in the language and terms understandable for them.
- After ascertaining the patients’ willingness, a written informed consent would be obtained from them in the consent form (Form IV).
- All these patients will be given unique registration card in which patients’ Registration number of the study, Address, Phone number and Doctors phone number etc. will be given, so as to report to research group easily if any complication arises.
- Complete clinical history, complaints and duration, examination findings all would be recorded in the prescribed proformae in the history and clinical assessment forms separately. Screening Form- I will be filled up; Form I-A, Form –II and Form –III will be used for recording the patients’ history, clinical examination of symptoms and signs and lab investigations respectively
- Forty healthy volunteers from both the sexes will be selected for control group.

9.8. METHODOLOGY



9.9. DATA COLLECTION FORMS:

- Required information will be collected from each patient by using following forms.

Form	- I	Screening and selection Proforma
Form	- IA	History Proforma on enrollment
Form	- II	Clinical Assessment on enrollment
Form	- III	Laboratory investigations on enrollment, during the study
Form	- V	Consent form (Vernacular and English versions)
Form	- IV- A	Patient Information Sheet (Vernacular and English versions)

9.10. DATA MANAGEMENT

- After enrolling the patient in the study, a separate file for each patient will be opened and all forms will be filed in the file. Study No. and Patient No. will be entered on the top of file for easy identification and arranged in a separate rack at the concerned OPD unit. Whenever study patient visits OPD during the study period, the respective patient file will be taken and necessary recordings will be made at the assessment form or other suitable form.
- The screening forms will be filed separately.
- The Data recordings will be monitored for completion and adverse event by HOD and any missed data found out during the study, will be collected from the patient, but the time related data will not be recorded retrospectively
- All collected data will be entered using MS access / excel software onto computer.
- Investigators will be trained to enter the patient data and cross checked by Senior Research Officer and HOD.

9.11. STATISTICAL ANALYSIS:

All collected data will be entered into computer using MS access / MS excel software by the investigator. The data will be analysed using STATA software under the guidance of SRO (stat), NIS. The level of significance will be 0.05. Descriptive analysis will be made and necessary tables/graphs generated to understand the profile of the patients included in the study. Then statistical analysis for significance of different diagnostic characteristics will be done. Student 't' test and 'chi-square' test are proposed to be performed for quantitative and qualitative data.

9.12. INVESTIGATIONS DURING THE STUDY

The patients will be subjected to basic and specific investigations during the study which include Hb, TC, DC, ESR, Blood sugar, RFT, LFT, Lipid profile, Absolute Eosinophil count, in Blood. Albumin, Sugar, Deposits in Urine. Ova, cyst and Occult blood in Motion. In addition X Ray - PNS.

9.13. TREATMENT DURING THE STUDY:

Normal treatment procedure followed in Department of Noi Naadal, NIS will be prescribed to the study patients and the treatment will be provided at free of cost.

9.14. OUT COME OF STUDY

- Establishing the diagnostic characteristics of "PEENISAM" through
 - (1). Eight fold examination
 - (2). Manikkadainool & Astrology
 - (3). Yakkai elakkanam
- Analysis of Sage Nagamuni's symptomatology and categorizing the results with present day modern classification of diseases which may reinforce and augment the understanding and diagnosis of the disease "PEENISAM" and its management mentioned in Siddha literature.

9.15. ETHICAL ISSUES:

1. Patients will be examined and screened unbiased manner and will be subjected to the criteria.

2. Informed consent will be obtained from the patient explaining in the understandable language to the patient.

3. The data collected from the patient will be kept confidentially. The patient will be informed about the diagnosis.

4. To prevent any infection, while collecting blood sample from the patient, only disposable syringes, disposable gloves, with proper sterilization of lab equipments will be used.

5. This study involves only the necessary investigations (mentioned in the protocol) and No other investigation would be done.

6. Patients will be subjected to X-ray investigation which does not cause any major hazards and is taken free of cost in National Institute of Siddha

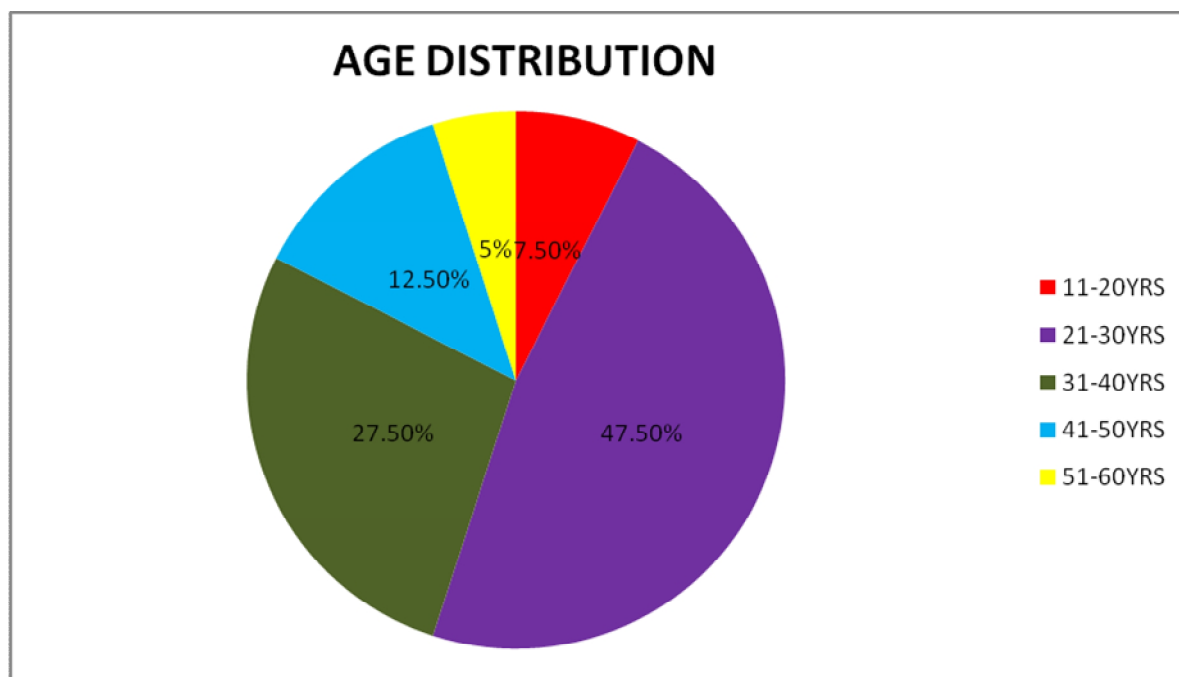
7. Normal treatment procedure followed in NIS will be prescribed to the study patients and the treatment will be provided at free of cost.

8. There will be no infringement on the rights of patient.

10. OBSERVATION AND RESULTS

10.1. AGE DISTRIBUTION OF STUDY SAMPLE

AGE	PATIENTS	
	NO	PERCENTAGE %
11-20 YRS	3	7.5%
21-30YRS	19	47.5%
31-40YRS	11	27.5%
41-50YRS	5	12.5%
51-60YRS	2	5%
TOTAL	40	100%



OBSERVATION

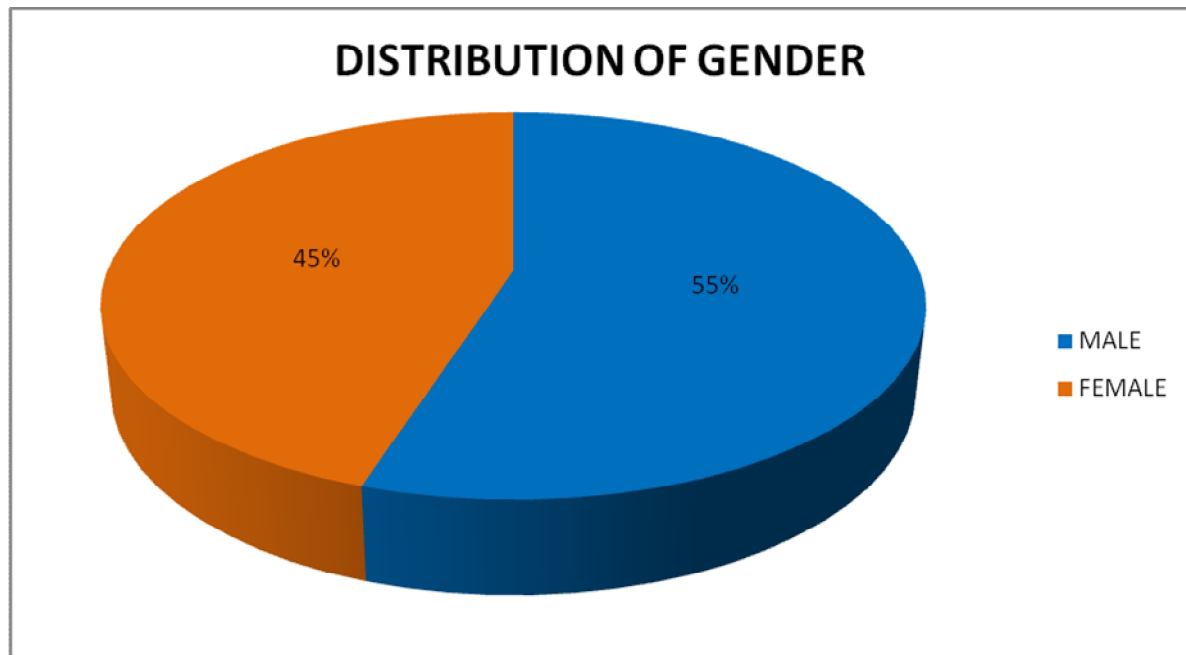
Among 40 cases 7.5% of cases came under 11-20yrs, 47.5% of cases came under 21-30yrs, 27.5 % of cases came under 31-40yrs, 12.5% of cases came under 41-50yrs and 5% of cases came under 51-60yrs.

INFERENCE

Since the inclusion criteria comprises of 18 to 60 years, the majority of patients naturally fell under 21 to 30 year age group, the 21 to 30 year age group is normally the socially active age group having more chances for exposure to the exterior environment. It may be because of increase in environmental pollution and change in life style practices like increased intake of coke, fast foods, etc which are hazardous to health.

10.2. DISTRIBUTION OF GENDER

GENDER	PATIENTS	
	NO	PERCENTAGE%
Male	22	55%
Female	18	45%
Total	40	100%



OBSERVATION

Out of 40 cases, 55% of cases were males and 45% of cases were females.

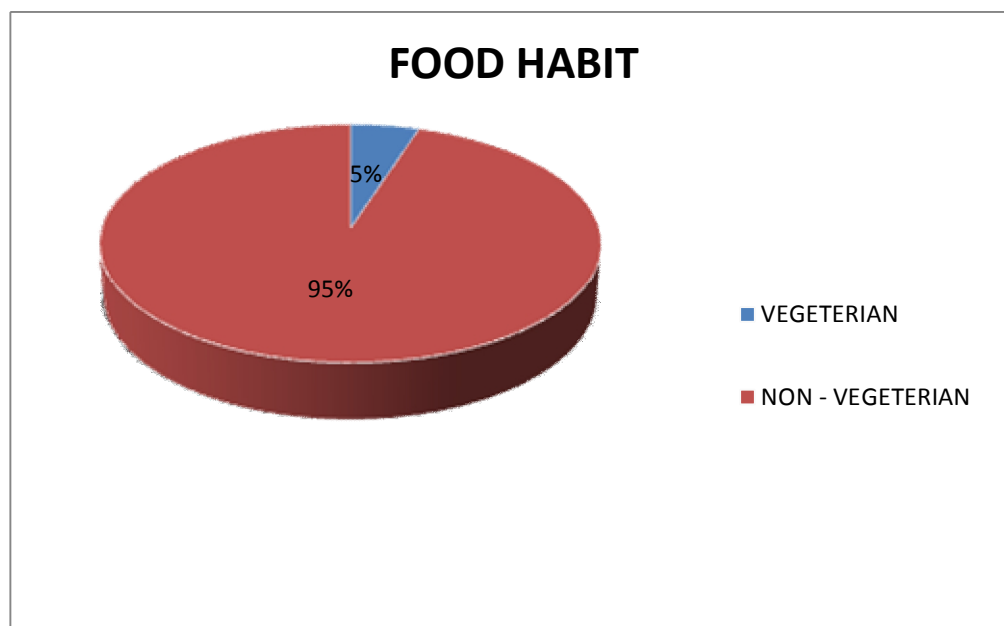
INFERENCE

No specific inference could be made

10.3. FOOD HABITS

FOOD HABITS	PATIENTS		HEALTHY VOLUNTEERS	
	NO	PERCENTAGE %	NO	PERCENTAGE %
VEGETARIAN	2	5%	1	10%
NON-VEGETARIAN	38	95%	9	90%
TOTAL	40	100%	10	100%

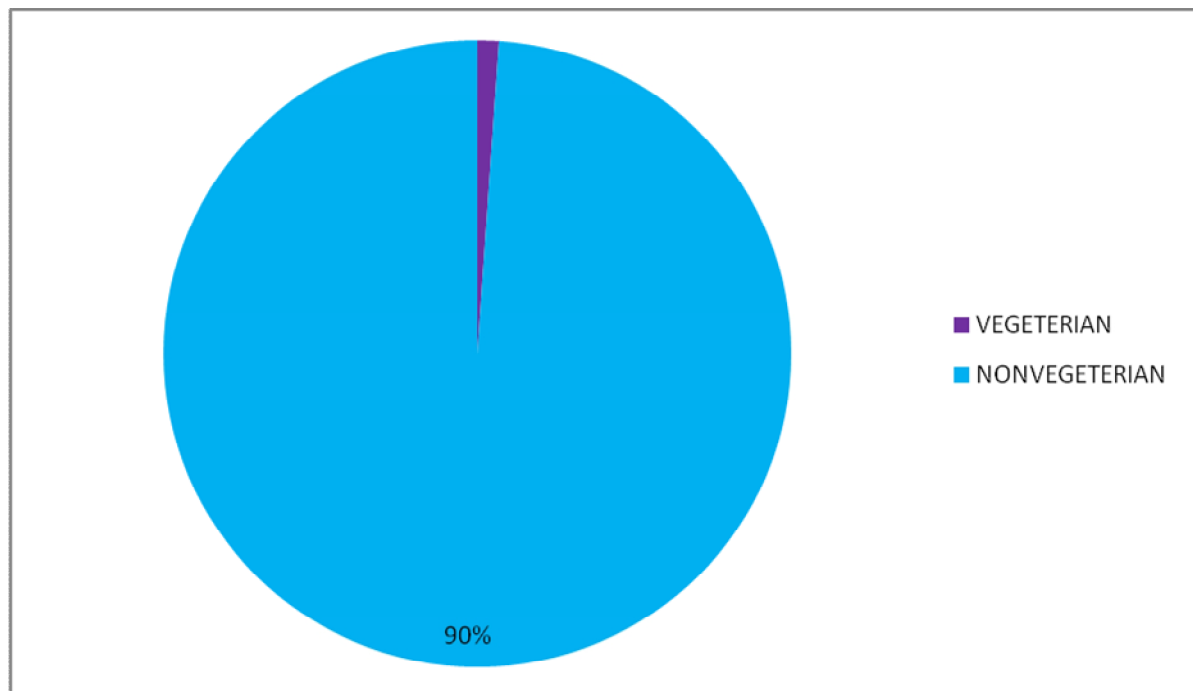
FOOD HABIT CHART OF PEENISAM



OBSERVATION

Out of 40 cases, 5% of cases were vegetarian and 95% of cases were non-vegetarian

FOOD HABIT CHART OF HEALTHY VOLUNTEERS



OBSERVATION

Out of 40 cases, 10% of cases were vegetarian and 90% of cases were non-vegetarian.

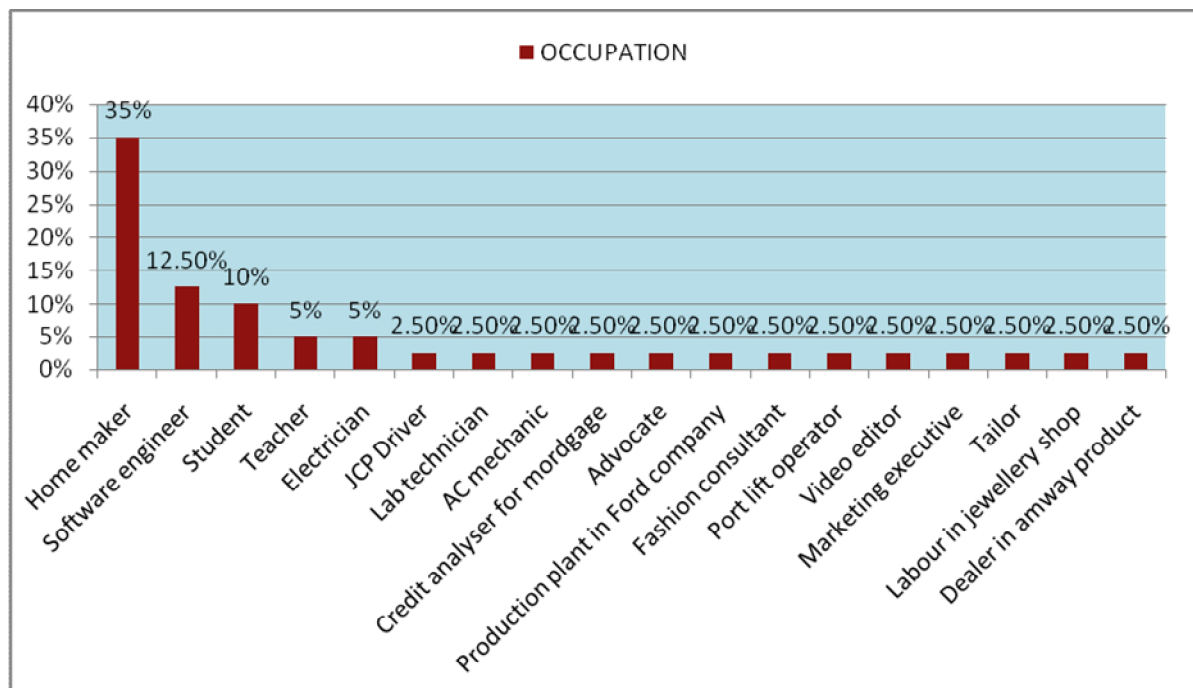
INFERENCE

The general population status is reflected in the study population and no specific inference could be made with respect to the study.

10.4. PATIENT'S OCCUPATION

OCCUPATION	PATIENTS	
	NO	PERCENTAGE %
Home maker	14	35%
Software engineer	5	12.5%
Student	4	10%
Teacher	2	5%
Electrician	2	5%
JCP Driver	1	2.5%
Lab technician	1	2.5%
AC mechanic	1	2.5%
Credit analyser for mordgage	1	2.5%
Advocate	1	2.5%
Production plant in Ford company	1	2.5%
Fashion consultant	1	2.5%
Port lift operator	1	2.5%
Video editor	1	2.5%
Marketing executive	1	2.5%
Tailor	1	2.5%
Labour in jewellery shop	1	2.5%
Dealer in amway product	1	2.5%
Total	40	100%

PATIENT'S OCCUPATION



OBSERVATION

Among 40 cases, 35% of cases are Home makers, 12.50% cases are Software Engineer, 10% are Students, 5% are Teachers and Electricians, 2.5% cases are JCP driver, lab technician, AC mechanic, Credit analyser in mordgage, Advocate, Production plant in ford company, Fashion consultant, Port lift operator, Video editor, Marketing executive, Tailor, Labour in jewellery shop.

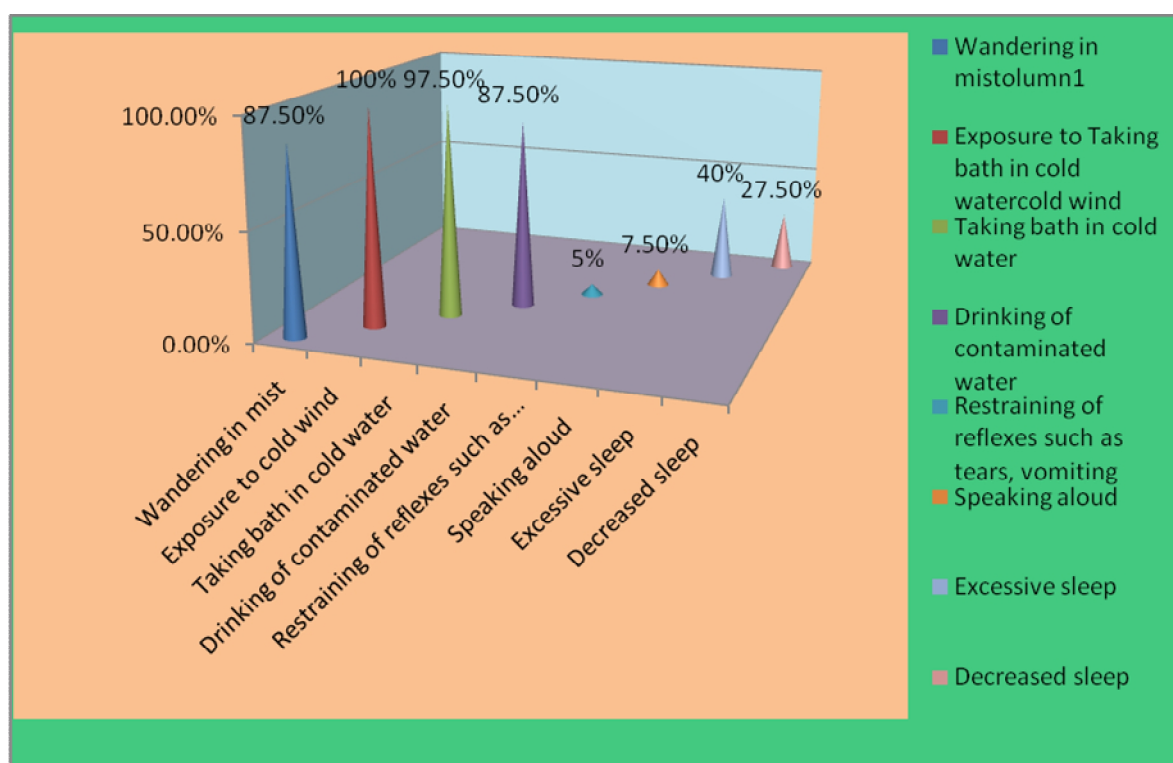
INFERENCE

Because half of the study population consisted of Females and that majority of them are homemakers this is reflected in the study, women are frequently getting exposed to dust and smoke while doing household activities. Next to homemakers, Software engineers (12.50%) were affected more. It may be because of their nature of job.

10.5. ETIOLOGY OF PEENISAM

ETIOLOGY (AS PER NAGAMUNIVAR SIRAROGAVITHI)	PATIENTS		HEALTHY VOLUNTEERS	
	NO	PERCEN TAGE%	NO	PERCEN TAGE%
Wandering in mist	35	87.5%	-	-
Exposure to cold wind	40	100%	4	40%
Taking bath in cold water	39	97.5%	2	20%
Drinking of contaminated water	35	87.5%	1	10%
Restraining of reflexes such as tears, vomiting	2	5%	-	-
Speaking aloud	3	7.5%	-	-
Excessive sleep	16	40%	-	-
Decreased sleep	11	27.5%	-	-

ETIOLOGICAL FACTORS IN PEENISAM



OBSERVATION

Out of 40 cases, 87.5% of cases had history of wandering in mist, 100% of cases had history of exposure to cold wind, 97.5% of cases had history of taking bath in cold water, 87.5% of cases had history of drinking of contaminated water, 5% of cases had history of restraining of reflexes such as tears and vomiting, 7.5% of cases had speaking aloud, 40% of cases had excessive sleep, 27.5% of cases had decreased sleep.

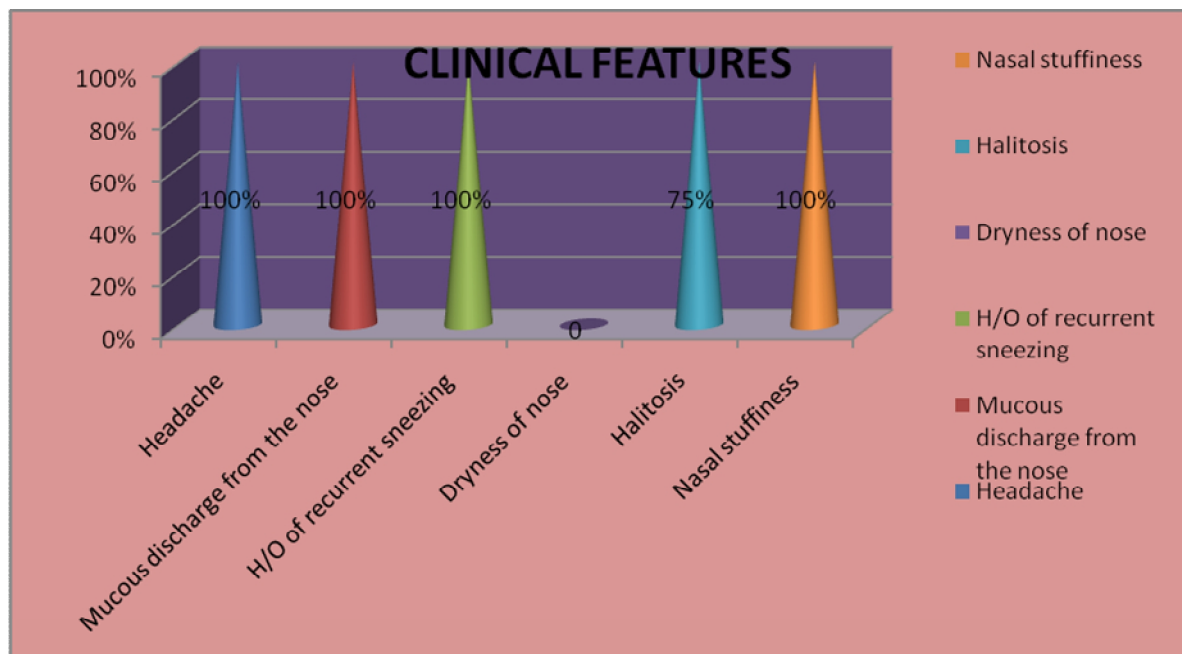
INFERENCE

From this study it is inferred that exposure to cold precipitates the condition Peenisam with symptoms of Rhinosinusitis. On exposure to the cold and moist air the mucosa reacts and become inflamed and productive, this leads on to the onset of Peenisam. History of drinking contaminated water has been elicited in majority of patients, which leads to infections and thus the onset of Peenisam occurs. The mucosal membranes of the head, ear, nose reacts on taking bath in cold water which precipitates the condition Peenisam.

10.6. CLINICAL FEATURES

CLINICAL FEATURES	PATIENTS		CONTROL	
	NO	PERCENTAGE%	NO	PERCENTAGE%
1. Headache	40	100%	0	0
2. Mucous discharge from the nose	40	100%	0	0
3. H/O of recurrent sneezing	40	100%	0	0
4. Dryness of nose	-	-	0	0
5. Halitosis	30	75%	0	0
6. Nasal stuffiness	40	100%	0	0

CLINICAL FEATURES OF PEENISAM PATIENTS



OBSERVATION

Among 40 cases, 100% of cases had headache, mucous discharge from the nose, recurrent sneezing, nasal stuffiness and 75% of cases had halitosis.

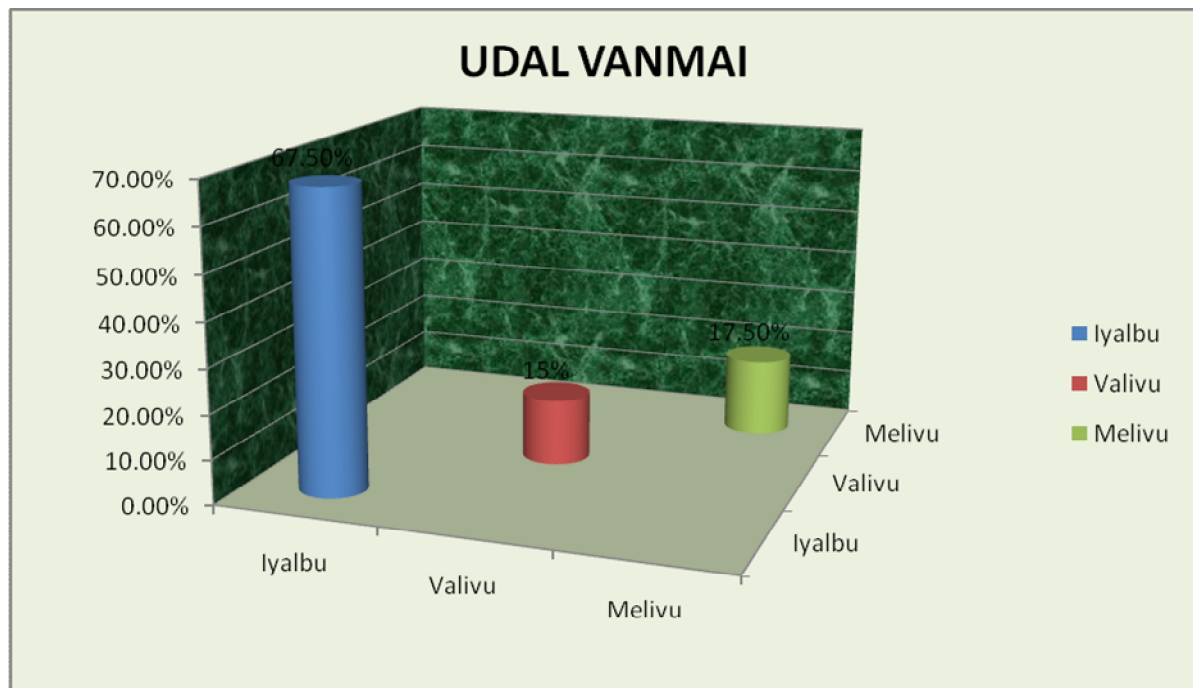
INFERENCE

It is inferred from the study that the cluster of symptoms mentioned by Sage Nagamuni can be observed in patients even today. The conceptualization of Sage Nagamuni about the condition Peenisam holds good to be contemporary medical signs.

10.7. UDAL VANMAI

UDAL VANMAI	PATIENTS		HEALTHY VOLUNTEERS	
	NO	PERCENTAGE%	NO	PERCENTAGE%
Iyalbu (Normal)	27	67.5%	9	90%
Valivu (Robust)	6	15%	1	10%
Melivu (Lean)	7	17.5%	0	0
Total	40	100%	10	100%

UDAL VANMAI OF PEENISAM PATIENTS



OBSERVATION

Out of 40 cases,

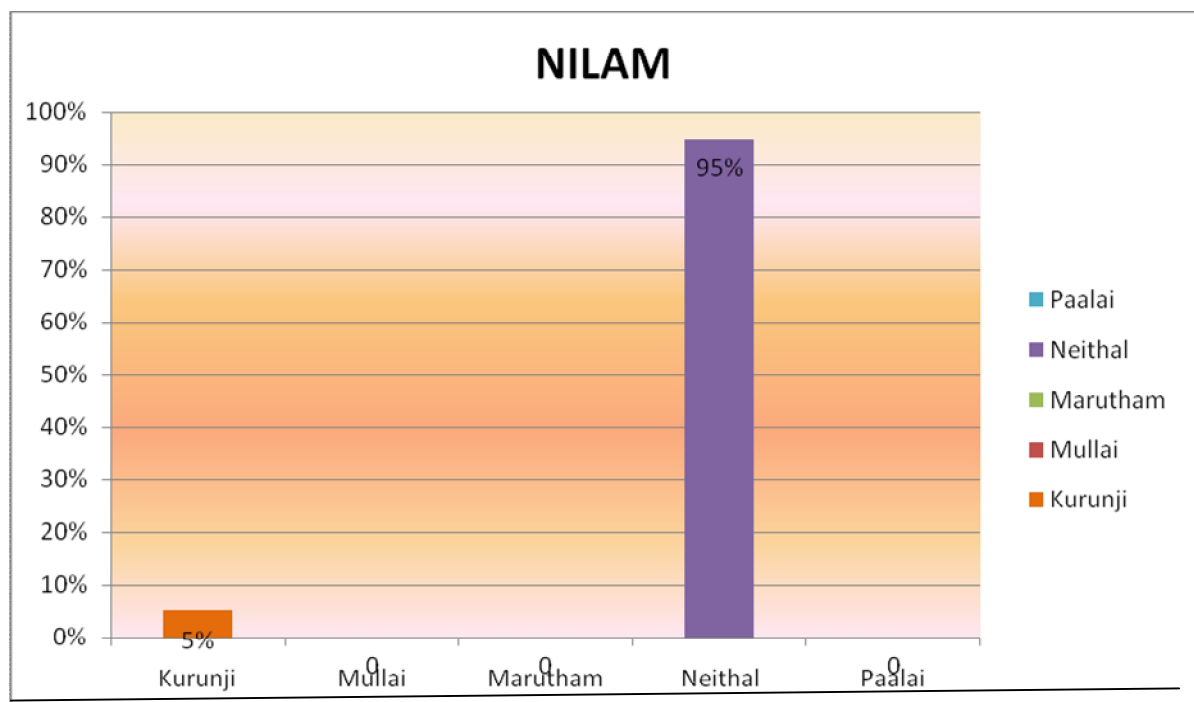
- 17.50% cases were Melivu,
- 67.5%cases were Iyalbu and
- 15% cases were Valivu.

INFERENCE

Majority of study patients were of Iyalbu and Melivu body built.

10.8. NILAM

NILAM	PATIENTS		HEALTHY VOLUNTEERS	
	NO	PERCENTAGE%	NO	PERCENTAGE%
Kurunji	2	5%	0	0
Mullai	0	0	0	0
Marutham	0	0	1	10%
Neithal	38	95%	9	90%
Paalai	0	0	0	0
Total	40	100%	10	100%



OBSERVATION

Out of 40 cases of study, 5% cases were residing in Kurinji Nilam, 95% cases were residing in Neithal Nilam.

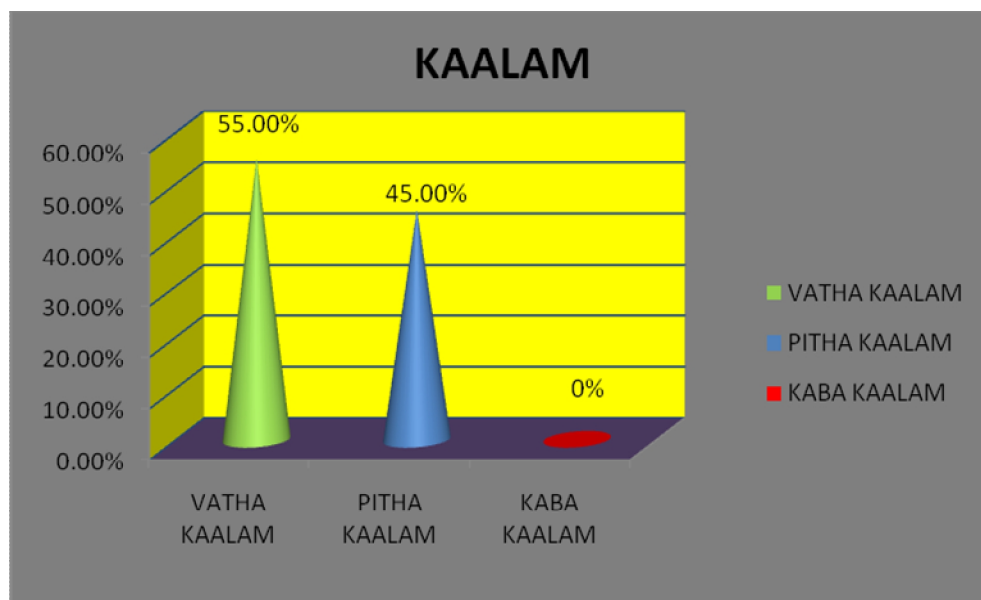
INFERENCE

Most of the cases were from Neithal region. As per Pathartha Guna Chinthamani, people residing in Neithal are prone to develop Kabha derangements. But because of single centric study, (study done in National Institute of Siddha) type and the location of study place near Neithal area, no specific inference could be made about the association between habitat and disease.

10.9. KAALAM DISTRIBUTION

AGE	PATIENTS	
	NO	PERCENTAGE%
Vatha kaalam	22	55%
Pitha kaalam	18	45%
Kaba kaalam	0	0
Total	40	100%

KAALAM DISTRIBUTION



OBSERVATION

Among 40 cases,

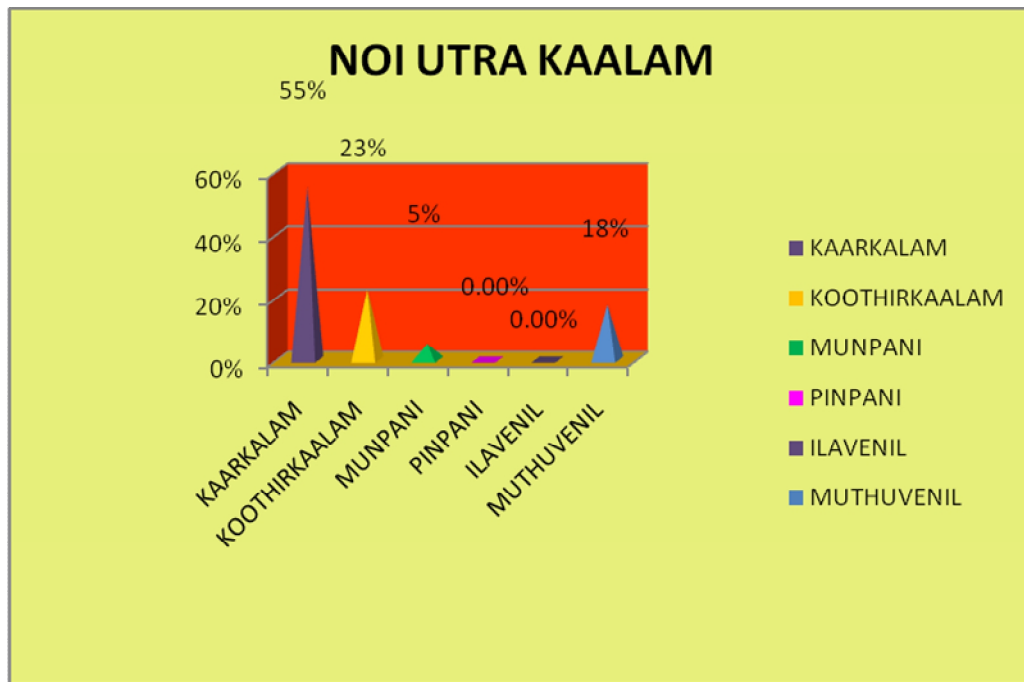
- 55% of cases came under Vatha kaalam ie..., 0-33yrs,
- 45% of cases fall under Pitha Kaalam (34-66yrs).

INFERENCE

In the study majority of the patients fell in Vatha kaalam. As most of the patients are in Vatha kaalam, this is because around the age group 30 yrs people are socially active, so they are more prone to get exposed to exterior environment, this is reflected in the study.

10.10. NOI UTRA KAALAM

NOI UTRA KAALAM	PATIENTS	
	NO	PERCENTAGE%
Kaarkaalam	22	55%
Koothirkaalam	9	22.5%
Munpani kaalam	2	5%
Pinpanikaalam	0	0
Ilavenirkaalam	0	0
Muthuvenirkaalam	7	17.5%
TOTAL	40	100%



OBSERVATION

Among 40 cases, 55% of the cases had the onset of disease at Kaarkaalam, 22.5% of cases had the onset of disease at Koothirkaalam, 17.5% of cases had the onset of disease at Muthuvenirkaalam And 5% of cases had the onset of disease at Munpani kaalam.

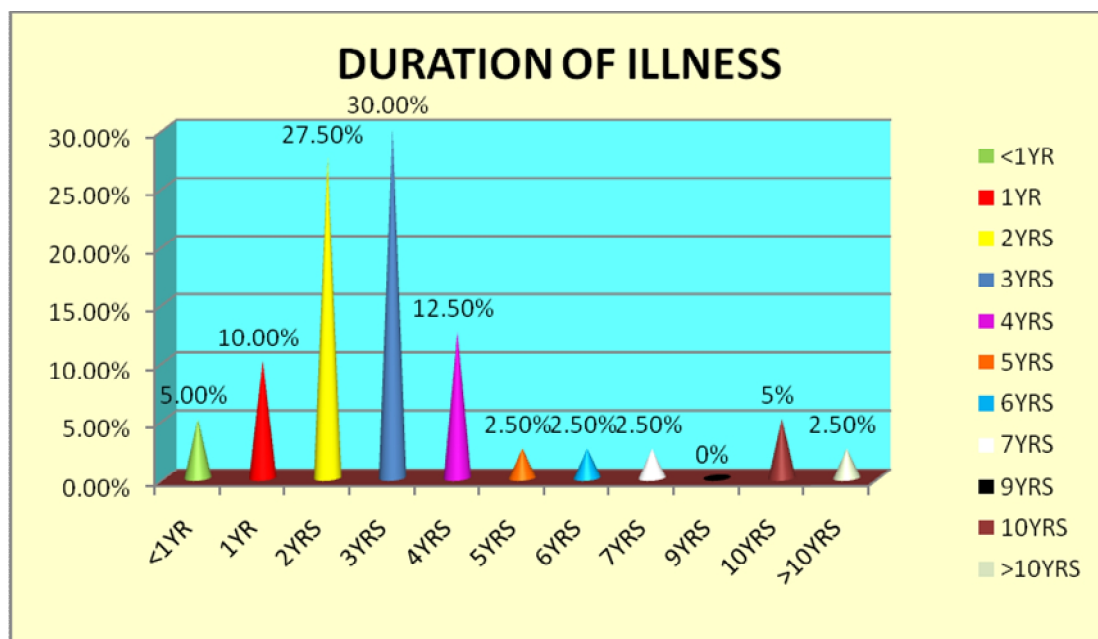
INFERENCE

Because of the rainy season many Peenisam cases were reported during that time than during other seasons. This implies that the monsoons and rains acted as triggering factors for the onset of the condition Peenisam. It might be because of the lowering of temperature, dampness of the atmosphere and waning immunity triggering the Kabam and thereby causing the disease.

10.11. DURATION OF ILLNESS

DURATION	PATIENTS	
	NO	PERCENTAGE%
<1 year	2	5%
1 year	4	10%
2 years	11	27.5%
3 years	12	30%
4 years	5	12.5%
5 years	1	2.5%
6 years	1	2.5%
7 years	1	2.5%
9 years	0	0
10 years	2	5%
>10 years	1	2.5%
TOTAL	40	100%

DURATION OF ILLNESS OF PEENISAM PATIENTS



OBSERVATION

Out of 40 cases , 5% of cases had the disease for less than a year, 10% of cases had the disease for 1 year, 27.50% of cases had the disease for 2 years, 30% of cases had the disease for 3 years, 12.5% of cases had the disease for 4 years, 2.5% of cases had the disease for 5,6 & 7 years, 5% of cases had the disease for 10 years, and 2.5% of cases had the disease for more than 10 years.

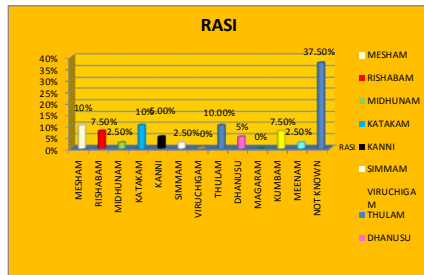
INFERENCE

It is understood from this study that Peenisam (Rhinosinusitis) tends to run a chronic course in many patients.

10.12.RASI (ZODIAC SIGN) DISTRIBUTION

RASI	PATIENTS		CONTROL	
	NO	PERCENTAGE%	NO	PERCENTAGE%
Mesham	4	10%	1	10%
Rishabam	3	7.5%	1	10%
Midhunam	1	2.5%	0	0
Katakam	4	10%	0	0
Kanni	2	5%	0	0
Simmam	1	2.5%	1	10%
Viruchigam	0	0	0	0
Thulam	4	10%	0	0
Dhanusu	2	5%	1	10%
Magaram	0	0	0	0
Kumbam	3	7.5%	0	0
Meenam	1	2.5%	0	0
Not known	15	37.5%	6	60%
Total	40	100%	10	100%

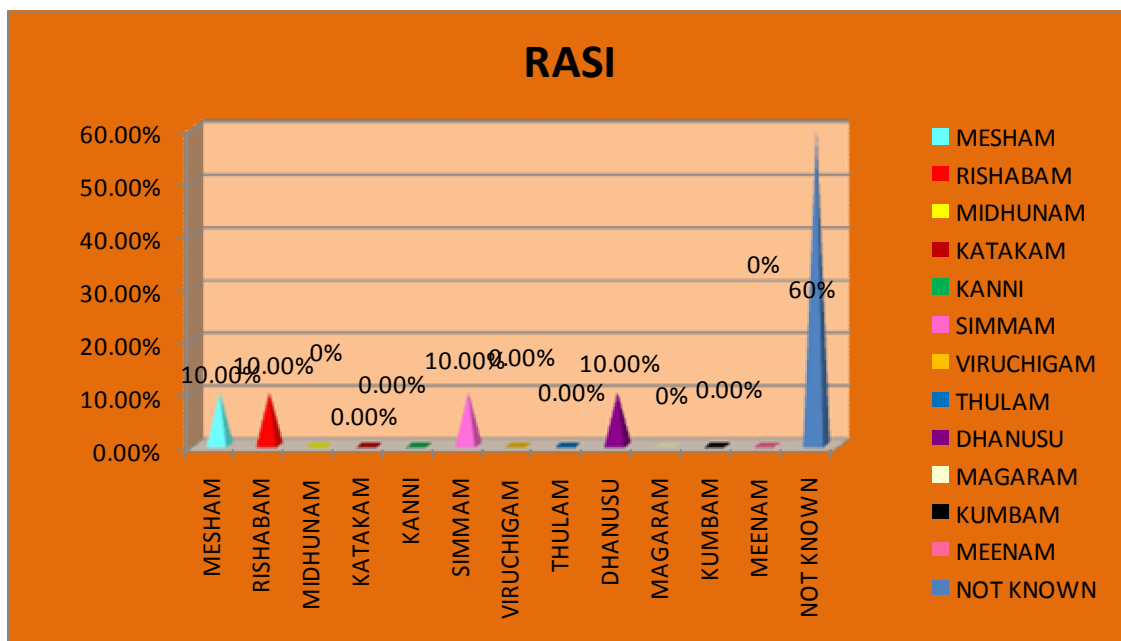
RASI DISTIBUTION IN STUDY(PEENISAM) PATIENTS



OBSERVATION

Among 40 cases, only 25 cases known about their zodiac sign & rest 15 didn't know about their zodiac sign. In 25 cases, 10% of cases were documented under Mesham, Thulam and Katakam, 7.5% under Rishabam and Kumbam, 2.5% under Midhunam, Simmam and Meenam, 5% under Kanni and Dhanusu.

RASI DISTIBUTION IN HEALTHY VOLUNTEERS



OBSERVATION

Among 10 cases, only 6 cases known about their zodiac sign & rest 4 didn't know about their zodiac sign. In 10 cases, 10% of cases were documented under Mesham, 10% under Rishabam, 10% under Simmam, 10% under Dhanusu, 60% of cases didn't know about their sign.

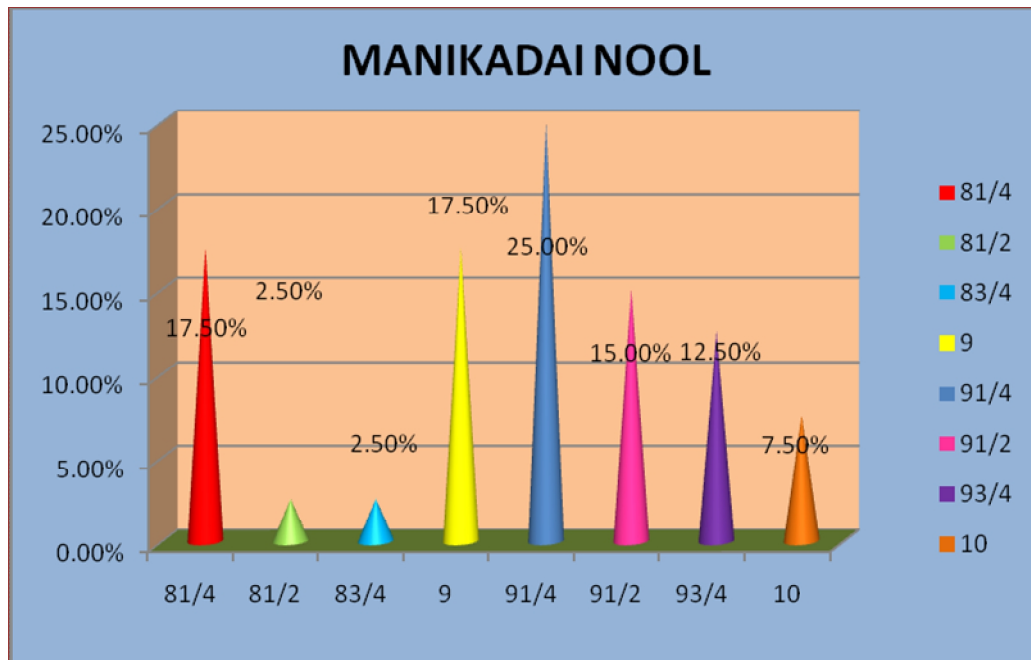
INFERENCE

From this study it seems that there is a fairly equal distribution of Zodiac sign in patients of Peenisam.

10.13. MANIKKADAI NOOL (WRIST CIRCUMETRIC SIGN)

MANIKKADAI ALAVU (Finger breadths)	PATIENTS		HEALTHY VOLUNTEERS	
	NO	PERCENTAGE%	NO	PERCENTAGE%
81/4	7	17.5%	-	-
81/2	1	2.5%	2	20%
83/4	1	2.5%	1	10%
9	7	17.5%	2	20%
91/4	10	25%	1	10%
91/2	6	15%%	1	10%
93/4	5	12.5%	1	10%
10	3	7.5%	2	20%
TOTAL	40	100%	10	100%

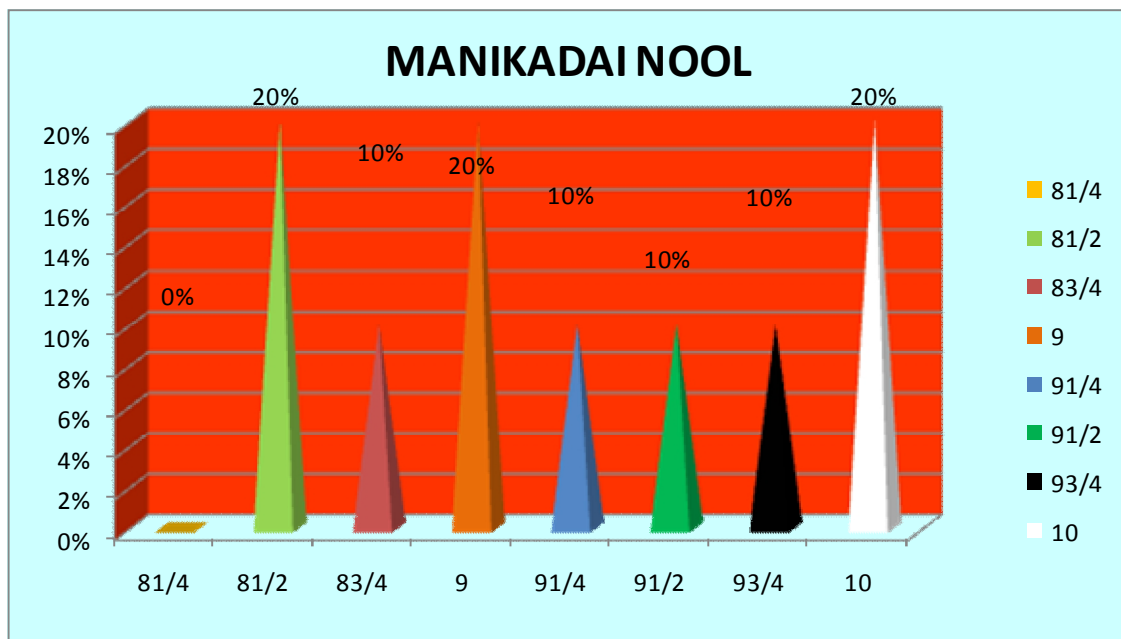
MANIKKADAI NOOL IN PEENISAM



OBSERVATION

Out of the 40 cases, 17.5% of cases had $8\frac{1}{4}$ viral kadai alavu, 2.5% of cases had $8\frac{1}{2}$ viralkadai alavu, 2.5% of cases had $8\frac{3}{4}$ viralkadai alavu, 17.5% of cases had 9 viral kadai alavu, 25% of cases had $9\frac{1}{4}$ viralkadai alavu, 15% of cases had $9\frac{1}{2}$ viralkadai alavu, 12.50% of cases had $9\frac{3}{4}$ viralkadai alavu, 7.5% of cases had 10 viralkadai alavu.

MANIKKADAI NOOL IN HEALTHY VOLUNTEERS



OBSERVATION:

Out of the 10 cases, 20% of cases had 8 ½, 9 and 10 viralkadai alavu, 10% of cases had 8 ¾, 9, 9 ¼, 9 ½, 9 ¾ viral kadai alavu.

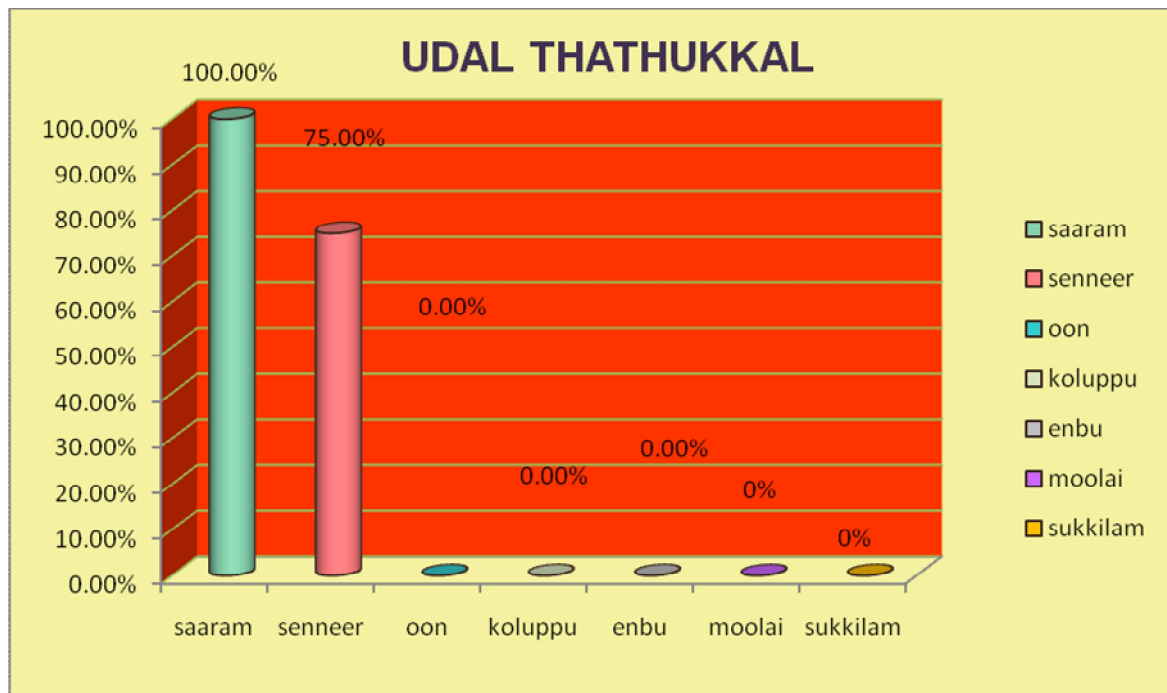
INFERENCE:

In Manikkadai nool study, a sizable percentage of cases had manikkadai measurements of **8 ¼, 9 and 9 ¼ fbs**. In the Agasthiyar soodamani kayiru soothiram a treatise written by Sage Agasthiyar, the wrist circumetric sign for Peenisam has been given as **8, 8 ¼ and 9 ¼ fbs**. This means the disease Peenisam fell in a wrist circumetric range between **8 ¼ - 9 ¼ fbs** roughly.

In this study it was observed that 50% of cases fell within the above range of fingerbreadths and remaining percentage fell out of the given range. Therefore those subjects with the range **8 ¼ - 9 ¼** of wrist circumetric fingerbreadths along with positive findings in other Siddha parameters may be inferred to have a predilection to develop Peenisam.

10.14. UDAL THATHUKKAL

UDAL THATHUKKAL	PATIENTS		CONTROL	
	NO	PERCENTAGE%	NO	PERCENTAGE%
Saaram	40	100%	0	0
Senneer	30	75%	0	0
Oon	0	0	0	0
Koluppu	0	0	0	0
Enbu	0	0	0	0
Moolai	0	0	0	0
Sukkilam	0	0	0	0



OBSERVATION

Out of 40 cases, 100% of cases had deranged Saram, 75% of cases had deranged Senneer. Oon, Kozhuppu, Enbu, Moolai and Sukkilam were normal.

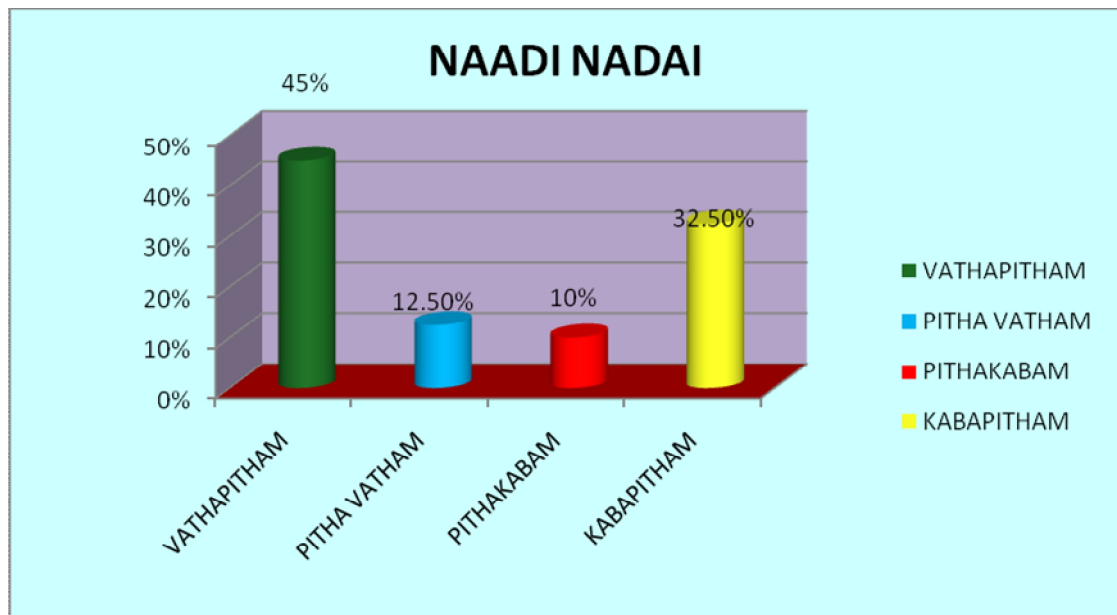
INFERENCE

Of all the cases of Peenisam inducted, almost all of them had affections in Saaram which indicated that the very presence of Peenisam affected the general vigour of the individuals. The vitiation of Saaram hands down its reflections over Seneer.

10.15. NAADI (PULSE)

NAADI		PATIENTS		HEALTHY VOLUNTEERS	
		NO	PERCENTAGE%	NO	PERCENTAGE%
Naadi nithanam (Pulse Appraisal)	Vanmai	24	60%	5	50%
	Menmai	16	40%	5	50%
	Total	40	100%	10	100%
Naadi Panbu (Pulse character)	Thannadai	-	-	-	-
	Illaithal	16	40%	2	20%
	Kuthithal	14	35%	4	40%
	Thullal	10	25%	4	40%
	Total	40	100%	10	100%
Naadi Nadai (Pulse play)	Vatha pitham	18	45%	8	80%
	Vathakabam	-	-	-	-
	Pitha vatham	5	12.5%	-	-
	Pitha kabam	4	10%	-	-
	Kaba vatham	0	0	-	-
	Kaba pitham	13	32.5%	2	20%
	Total	40	100%	10	100%

NAADI NADAI IN PEENISAM



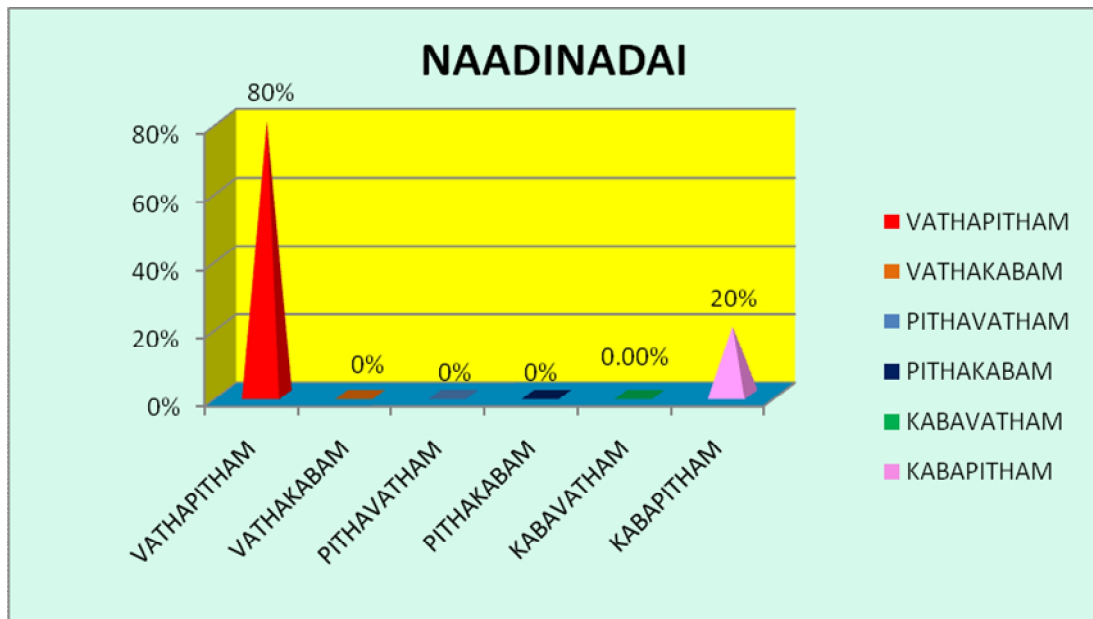
OBSERVATION

Out of the 40 cases, 60% of cases had Vanmai character and 40% cases had Menmai character in Naadi nithanam.

Among 40 cases, 40% of cases showed Illaithal, 35% of cases had kuthithal and 25% of cases had thullal character in their Naadi panbu.

Among 40 cases, 45% of cases had the Naadinadai of Vatha Pitham, 12.5% cases had Pitha Vatham, 10% cases had Pitha Kabam, and 32.5% of cases had Kaba Pitham.

NAADINADAI IN HEALTHY VOLUNTEERS



OBSERVATION

Out of the 10 cases, 50% of cases had Vanmai character and 50% of cases had Menmai character in Naadi nithanam.

Among 10 cases, 20% of cases showed Illaithal, 40% of cases had kuthithal and 40% of cases had thullal character in their Naadi panbu.

Among 10 cases, 80% of cases had the Naadinadai of Vatha pitham, and 20% of cases had Kaba pitham.

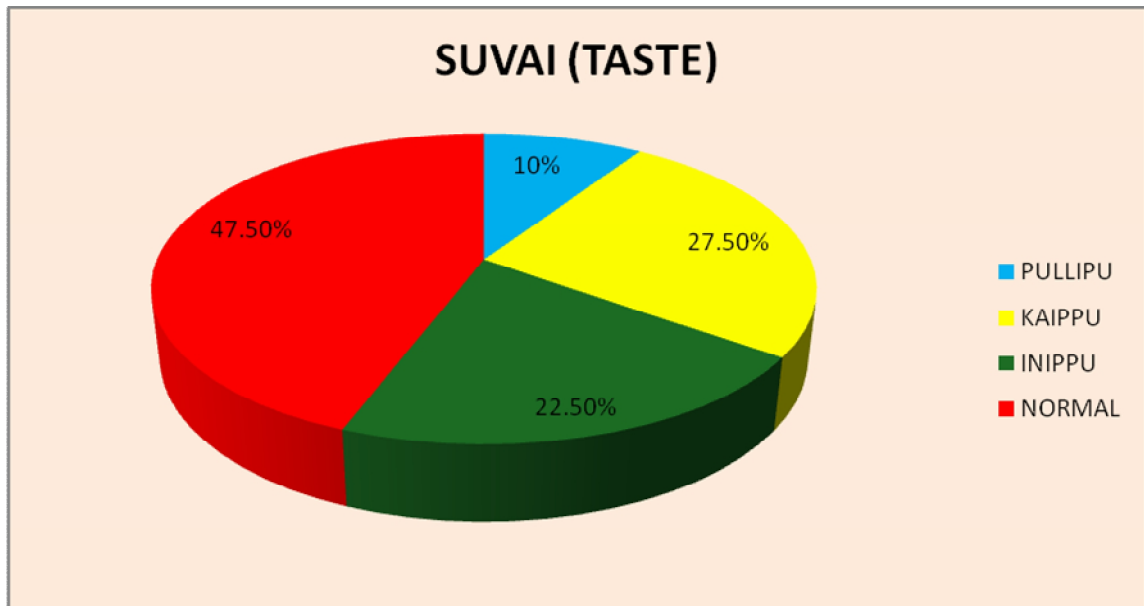
INFERENCE

The prominence of Vatham was increasingly felt in the Naadi perception because of the influence by the time period of examination (Vatha Kaalam). The prominence of Kabam felt in the Naadi Nadai is because of the influence of the disease Peenisam itself. In healthy volunteers Naadi was observed to be in physiological state in most of them with respect to body nature, sex and age

10.16. NAA

NAA		PATIENTS		HEALTHY VOLUNTEERS	
		NO	PERCENTAGE%	NO	PERCENTAGE%
Thanmai (Appearance)	Maapadinthiruthal alone	16	40%	6	60%
	Veddippu alone	2	5%	-	-
	Maapadithal & vedippu	6	15%	-	-
	Normal	16	40%	4	40%
	Total	40	100%	10	100%
Niram (Colour)	Normal	4	10%	3	30%
	Manjal	30	75%	6	60%
	Velluppu	6	15%	1	10%
	Total	40	100%	10	100%
Suvai (Taste)	Uppu (Salty)	-	-	-	-
	Pullipu (Sour)	1	10%	-	-
	Kaippu (Bitter)	11	27.5%	-	-
	Inippu (Sweet)	9	22.5%	1	10%
	Normal	19	47.5%	9	90%
	Total	40	100%	10	100%
Vainer ooral (salivation)	Normal	33	82.5%	10	100%
	Increased	7	17.5%	-	-
	Decreased	-	-	-	-
	Total	40	100%	10	100%

SUVAI (TASTE) IN PEENISAM



OBSERVATION

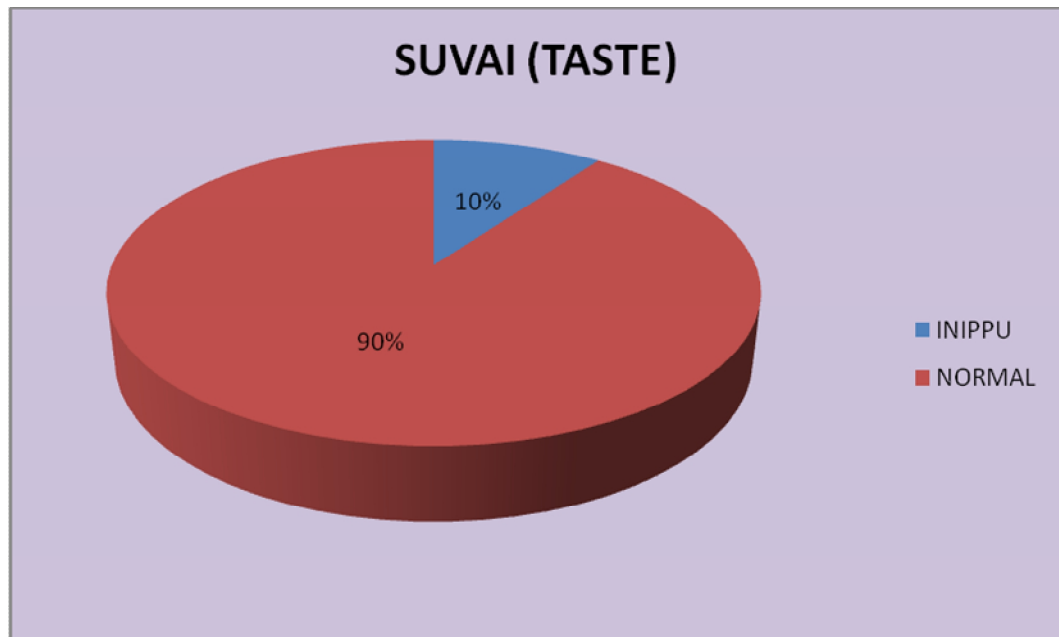
Among 40 cases, 5% of cases had fissure alone in their tongue, 40% of cases had coated tongue alone and 15% of cases had both coated tongue and fissures, Rest of 40% of cases had normal tongue.

Among 40 cases, 10% of cases had normal tongue, 15% of cases had pallor tongue, and 75 % of cases had yellow colour tongue.

Among 40 cases, 10% of cases had sour taste in their tongue, 22.5% of cases had sweet taste in their tongue, 27.5% of cases had bitter taste in their tongue, and 47.5% of cases had normal taste.

Among 40 cases, 17.5% of cases had increased salivation, and Rest of 82.5% had normal salivation.

SUVAI (TASTE) IN HEALTHY VOLUNTEERS



OBSERVATION

Among 40 cases, 60% of cases had coated tongue alone, Rest of 40% of cases had normal tongue.

Among 40 cases, 30% of cases had normal tongue, 10% of cases had pallor tongue, and 60% of cases had yellow colour tongue.

Among 40 cases, 10% of cases had sweet taste in their in tongue, and 90% of cases had normal taste.

Among 40 cases, 100% had normal salivation.

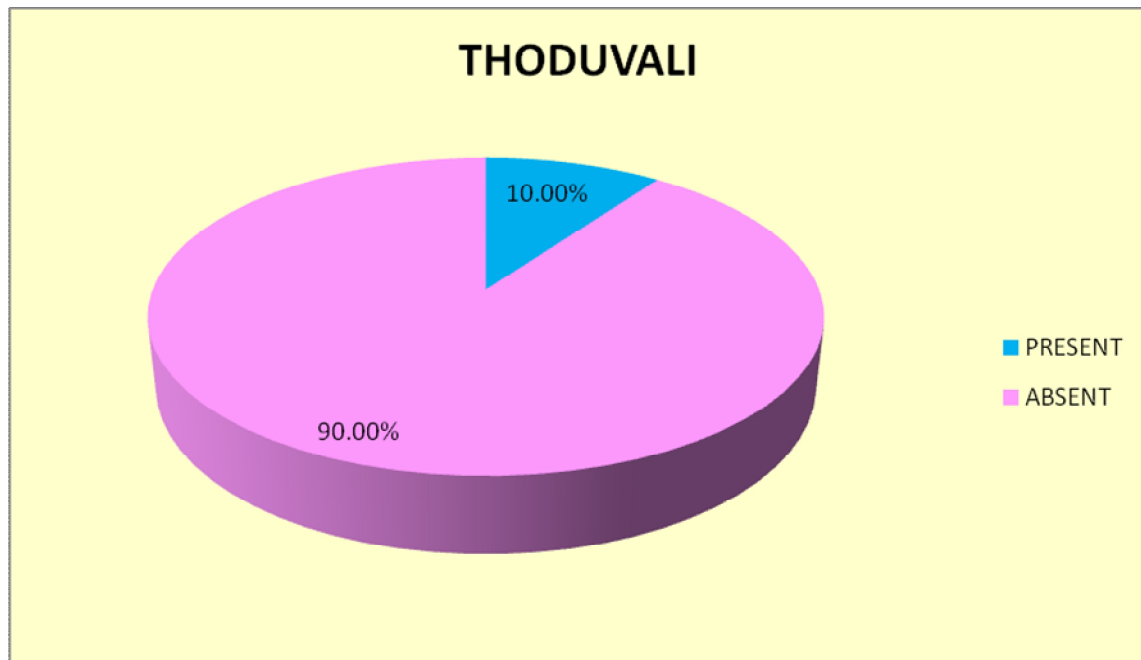
INFERENCE

In the study majority of cases had Maa padithal, Kaippu and Inippu suvai (taste) in tongue and normal salivation. As per the text Agathiar Naadi, Kaippu taste in tongue is a sign of Pitha derangement and Inippu taste in tongue is a sign of deranged Kaba humour. So it may be inferred that deranged Kaba and Pitha humour forms the base for Peenisam. In Healthy volunteers, no specific inference could be made out in this study from the examination of tongue (Naa).

10.17. NIRAM, MOZHI AND MEIKURI

NAME OF THE PARAMETER	THANMAI (CHARACTER)		PATIENTS		HEALTHY VOLUNTEERS	
			NO	PERCENTAGE%	NO	PERCENTAGE%
Niram (complexion)	Karuppu (Dark)		7	17.5%	-	-
	Manjal		2	5%	-	-
	Velluppu		3	7.5%	-	-
	Thontham		28	70%	10	100%
	Total		40	100%	10	100%
Mozhi (voice)	Thanindha oli (Low Pitch)		7	17.5%	-	-
	Uratha oli (High Pitch)		1	2.5%	-	-
	Sama oli (Normal pitch)		32	80%	10	100%
	Total		40	100%	10	100%
Meikuri	Veppam (Warmth)	Mitha veppam	35	87.5%	8	80%
		Migu veppam	3	7.5%	-	-
		Thatpam	2	5%	2	20%
		Total	40	100%	10	100%
	Viyarvai (Sweating)	Normal	28	70	10	100%
		Increased	12	30	-	-
		Total	40	100	10	100%
	Thodu vali (Tenderness)	Absent	4	10	10	100%
		Present	36	90	-	-
		Total	40	100	10	100%

THODUVALI (TENDERNESS) IN PEENISAM



NIRAM, MOZHI AND MEIKURI IN PEENISAM PATIENTS

OBSERVATION

Among the 40 cases, 17.5% of cases were of dark complexion, 5% of cases were Yellow complexion (udal niram), 7.5% of cases were fair/ white complexion and 70% of cases were of thontham.

Among 40 cases, 2.5% of cases had high pitched voice, 17.50% of cases had low pitched voice and 80% had normal voice.

Among 40 cases, 7.5% of cases had migu veppam, 87.5% of cases had mitha veppam and 5% of cases had thatpam.

Among 40 cases, 30% of cases had increased (sweating) viyarvai and 70% had normal sweating.

Among 40 cases, 90% of cases had thoduvali (Tenderness) & 10% of cases were without thoduvali.

NIRAM, MOZHI AND MEIKURI IN HEALTHY VOLUNTEERS

OBSERVATION

Among the 10 cases, 100% were thontham.

Among 40 cases, 100% had normal voice.

Among 40 cases, 80% had mitha veppam, and 20% had thatpam.

Among 40 cases, 100% had normal sweating.

Among 40 cases, 100% of cases were without thoduvali.

INFERENCE

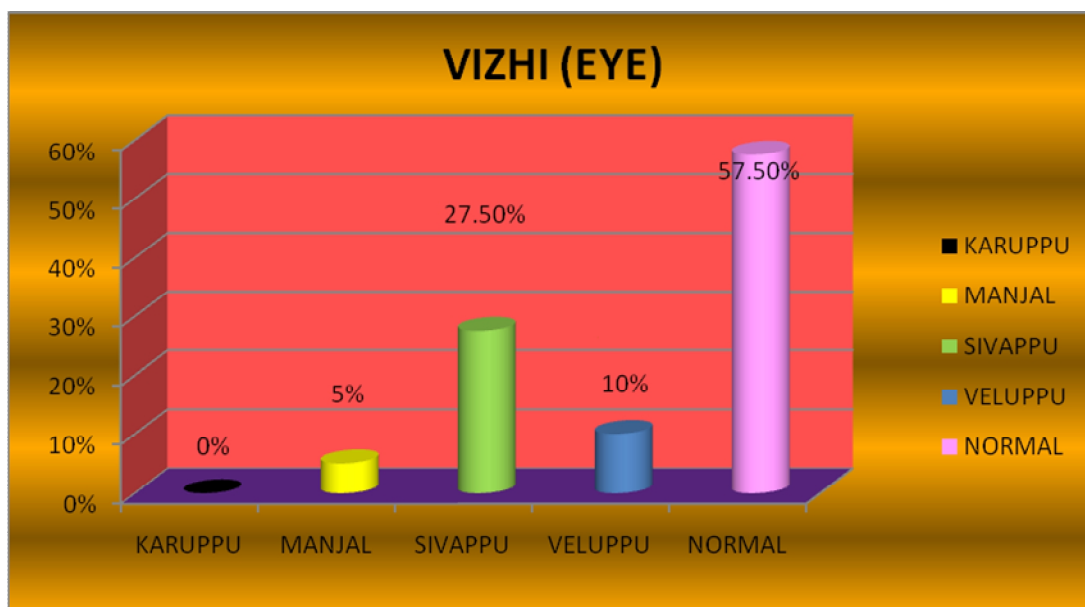
A sizable percentage of patients reported with thontham niram (Wheatish), normal voice pitch, mitha veppam, and facial tenderness on examination. As majority of people in Tamil nadu are wheatish which is reflected in study population, 17.5% of patients had thazhantha oli (low pitch voice) which is due to Rhinolalia in Rhinosinusitis.

In Healthy volunteers, no specific inference could be made out in this study from the examination of Niram, Mozhi and Meikuri.

10.18. VIZHI (EYE)

NAME OF THE PARAMETER		THANMAI (CHARACTER)	PATIENTS		HEALTHY VOLUNTEER	
			NO	%	NO	%
VIZHI	NIRAM	Karuppu (Muddy)	0	0	-	-
		Manjal (Yellow)	2	5%	-	-
		Sivappu (Red)	11	27.5%	1	10%
		Vellupu (Pallor)	4	10%	-	-
		No discolouration	23	57.5%	9	90%
		Total	40	100%	10	100%
	THANMAI	Peelai serthal only	1	2.5%	0	0
		Increased kaneer only	17	42.5%	0	0
		Erichal only	15	37.5%	0	0
		Peelai serthal & kaneer	-	-	0	0
		Peelai serthal & erichal	4	10%	0	0
		Erichal & kaneer	3	7.5%	0	0
		All three	0	0	0	0
		Normal	0	0	0	0
		TOTAL	40	100%	10	100%

VIZHI (EYE) IN PEENISAM



OBSERVATION

Among 40 cases, 27.5% of cases had sivappu venvizhi, 5% of cases had manjal venvizhi and 10% of cases had vellupu vizhi & 57.5% of cases had no discolouration.

Out of 40 cases, 37.50% of cases had only erichal (burning sensation) in the eyes, 42.5% had increased kanneer (lacrimation) only, 7.5% of cases had both erichal & kanneer, 2.5% of cases had peelai serthal (mucous excrements) only.

VIZHI (EYE) IN HEALTHY VOLUNTEERS

OBSERVATION

Among 40 cases, 10% of cases had sivappu venvizhi, 90% of cases had no discolouration.

Out of 40 cases, 100% of cases had normal eye.

INFERENCE

Red colour of the eye indicates the presence of allergic congestion of conjunctiva. A local congestion causes the lacrimal stimulation and therefore increased tears. In Healthy volunteers, no specific inference could be made out in this study from the examination of Niram, Mozhi and Meikuri.

10.19. MALAM

MALAM		PATIENTS		HEALTHY VOLUNTEERS	
		NO	PERCENTAGE%	NO	PERCENTAGE%
Thanmai	Sikkal only	7	17.5%	1	10%
	Siruthal only	2	5%	0	0
	Seetham	0	0	0	0
	kalichal	0	0	0	0
	Vemmai only	0	0	0	0
	Siruthal,sikkal,vemmai	0	0	0	0
	Normal	31	77.5%	9	90%
	Total	40	100%	10	100%
Niram (Colour)	Karuppu (Dark)	1	2.5	0	0
	Manjal (Yellowish)	39	97.5%	10	100%
	Vellupu (Pallor)	0	0	0	0
	Total	40	100%	10	100%

MALAM IN PEENISAM

OBSERVATION

Among 40 cases, 17.50% of cases had sikkal (constipation) only, 5% of cases had siruthal only, 0% of cases had Seetham (Mucosal mixing of stools) and kalichal, 77.5% of cases had no thanmai abnormality.

Among 40 cases, 97.5% of cases have manjal (yellowish) coloured stool, 0% of cases have velluppu (pallor) coloured stool, 2.5% of cases have karuppu (dark) coloured stool.

MALAM IN HEALTHY VOLUNTEERS

OBSERVATION

Among 40 cases, 10% of cases had sikkal (constipation) only, 90% of cases had no thanmai abnormality.

Among 40 cases, 100% of cases have manjal (yellowish) coloured stool.

INFERENCE

Almost all the cases and healthy volunteers had the character of normal stools. No specific inference could be made from Malam (Stool) examination.

10.20. NEER

I.NEERKURI

NEERKURI	PROPERTIES	PATIENTS		CONTROL	
		NO	%	NO	%
Niram	Pale yellow (Ila Manjal Niram)	34	85%	8	80%
	Yellow	6	15%	2	20%
	Total	40	100%	10	100%
Manam (Smell)	Ammonical	36	90%	5	50%
	Fruity odour	0	0	-	-
	Odourless	4	10%	5	50%
Nurai (Frothy)	Absent	39	97.50%	10	100%
	Present	1	2.50%	-	-
	Total	40	100%	10	100%
Edai (Density)	Normal	40	100%	10	100%
Enjal (Deposit)	Normal	40	100%	10	100%
	Polyuria	0	0	-	-
	Oliguria	0	0	-	-
	Total	40	100%	10	100%

NEERKURI IN PEENISAM

OBSERVATION

Among 40 cases, 15 % of cases had yellow coloured urine and 85 % of cases had pale yellow/straw coloured urine, 2.50% of cases had Nurai (Froth) present and 97.50% cases had Nurai (Froth) absent, 0 % of cases had polyuria & oliguria and 100% of case had normal volume, all cases had Normal Specific gravity & Deposits.

NEERKURI IN HEALTHY VOLUNTEERS

OBSERVATION

Among 40 cases, 20 % of cases had yellow coloured urine and 80 % of cases had pale yellow/straw coloured urine, 0% of cases had Nurai (Froth) present and 100% cases had Nurai (Froth) absent, 0 % of cases had polyuria & oliguria and 100% of case had normal volume, all cases had Normal Specific gravity & Deposits.

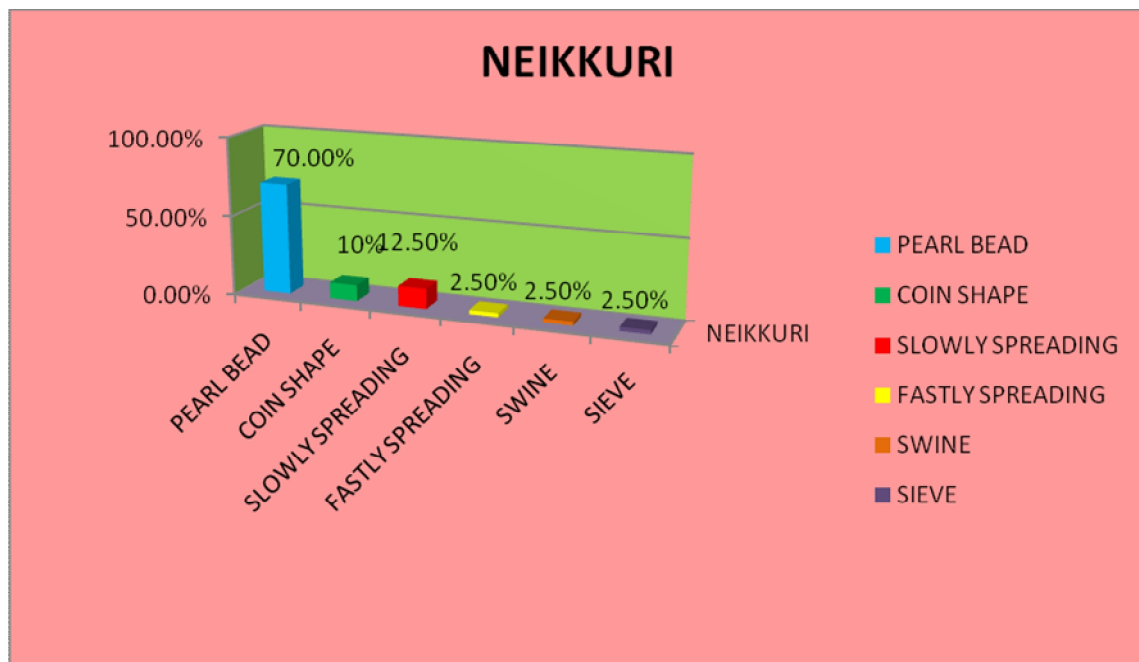
INFERENCE

Almost all the cases and healthy volunteers had normal urine Colour (Ila Manjal Niram) with mild aromatic smell, normal density and normal Enjal. No specific inference could be made out in this study from the examination of Neerkuri.

II.NEIKKURI

FEATURES OF OIL-ON-URINE SIGN	PATIENTS		HEALTHY VOLUNTEERS	
	NO	PERCENTAGE%	NO	PERCENTAGE%
Pearl bead	28	70%	3	30%
Coin shape	4	10%	4	40%
Slowly spreading	5	12.5%	3	30%
Fastly spreading	1	2.5%	-	-
Swine	1	2.5%	-	-
Sieve	1	2.5%	-	-
Total	40	100%	10	100%

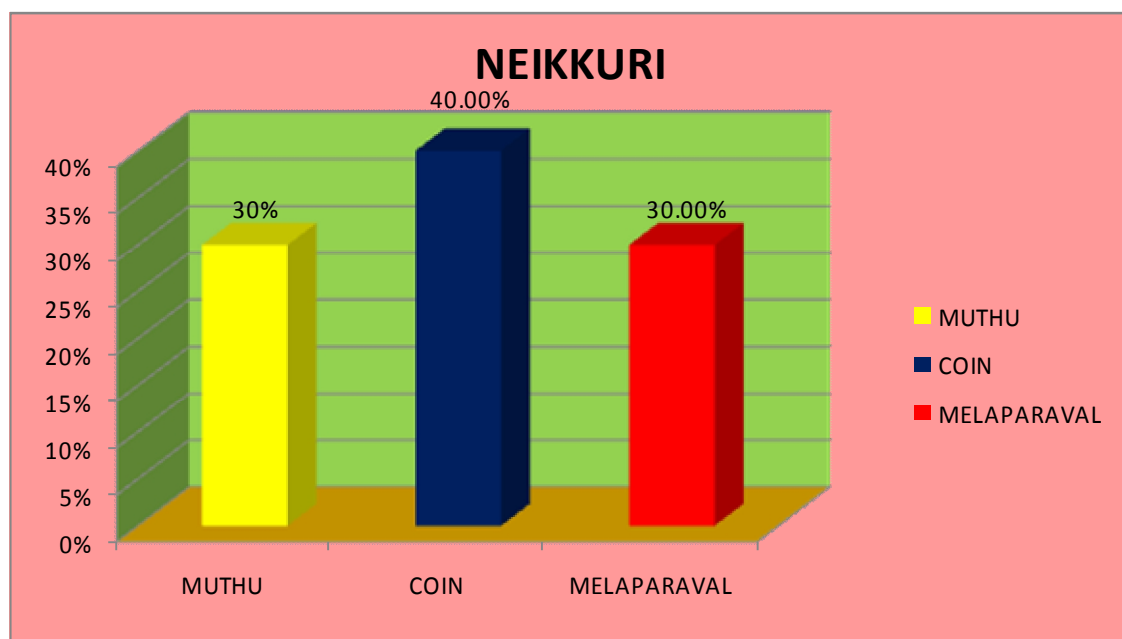
NEIKKURI PATTERN IN PEENISAM



OBSERVATION

Among 40 cases, 70 % of cases had Pearl beaded (Muthu) spread, 10% of cases had coin shape, 12.5 % of cases had Slowly spreading (Mellana paraval), 2.50% of cases had Fastly spreading (Vegamai paraval), 2.5% of cases had swine shape, 2.5% of cases had sieve (Salladai kann) shape.

NEIKKURI PATTERN IN HEALTHY VOLUNTEERS



OBSERVATION

Among 40 cases, 30 % of cases had Muthu (Pearl beaded) spread, 30 % of cases had Mellana paraval (Sluggish spreading), and 40% of cases had coin shape.

INFERENCE

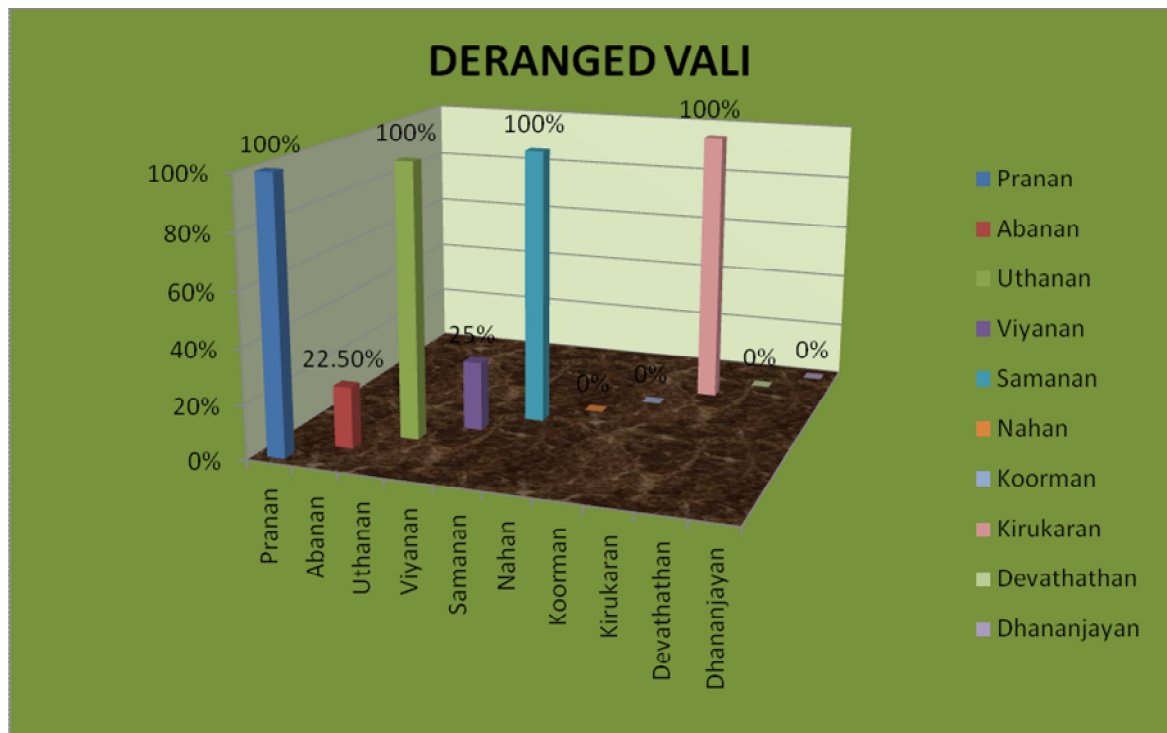
Majority of cases had pearl bead Neikkuri. As Per the Sage Theraiyar “Muthothu nirkin mozhivathen kabame” it is evident that Kaba humour is affected in Peenisam, hence majority of patients had pearl bead shape Neikkuri which is validated from the literature.

When the urine is diluted the surface tension of urine approximates to that of water, the Oil drop tends to stay as such like a pearl bead. When the urine is constituted with various solutes like bile salts and other chemicals they lower the surface tension of the urine and the oil drop spreads over the urine sample. This explains the saying of Sage Theraiyar “Aazhi pol paravin akthe Pitham” “Muthothu nirkin mozhivathen kabame”. Diluted urine is Kabaneer and concentrated urine is more of Pitha humour.

10.21. DERANGED VALI

VATHAM	PATIENTS		HEALTHY VOLUNTEERS	
	NO	PERCENTAGE%	NO	PERCENTAGE%
Pranan	40	100%	0	0
Abanan	9	22.5%	2	20%
Uthanan	40	100%	0	0
Viyanan	10	25%	0	0
Samanan	40	100%	2	20%
Nahan	0	0	0	0
Koorman	0	0	0	0
Kirukaran	40	100%	0	0
Devathathan	0	0	0	0
Dhananjayan	0	0	0	0

DERANGED VALI IN PEENISAM PATIENTS



OBSERVATION IN PEENISAM

Among 40 cases, all the cases had deranged Pranana, Uthana, Samana & Kirukara, 22.5 % cases had deranged Abana, 25 % cases had deranged Viyana, and all cases had normal Nana, Koorma, Devadhathan and Dhananjayan.

OBSERVATION IN CONTROL GROUP

Among 40 cases, 20% cases had deranged Abana and Samana, All cases had normal Pranana, uthana, Viyana, Naagan, Kirukara, Koorma, Devadhathan and Dhananjayan.

INFERENCE

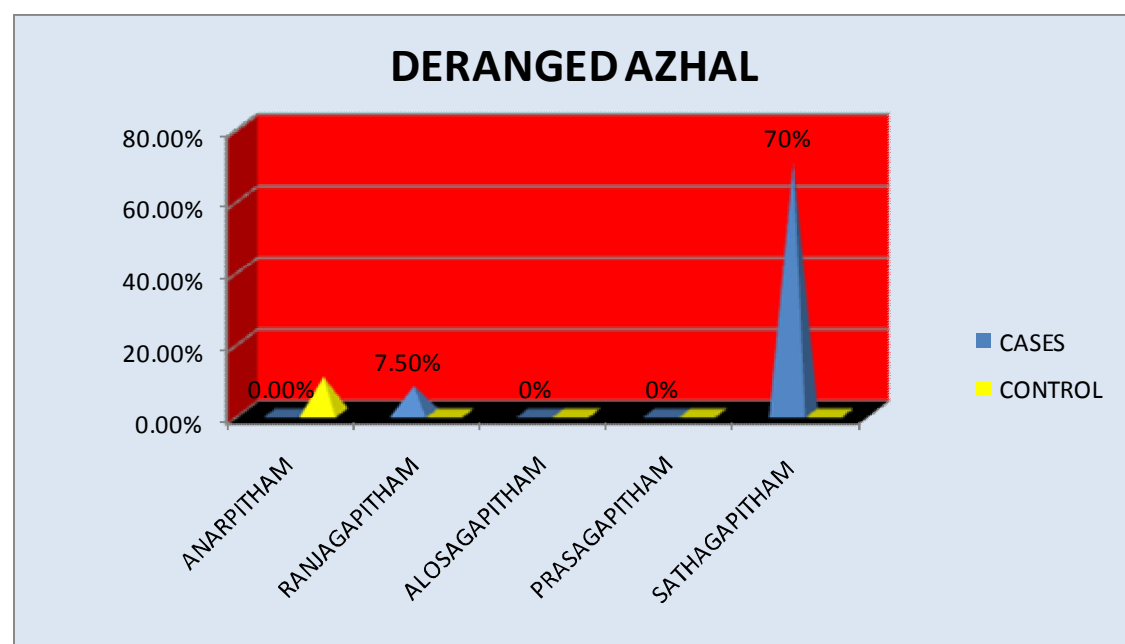
It is inferred that Pranana is operating very much in the respiratory tract; Uthana is an upward force component of Vatha, since majority of patients had the complaint of sneezing, and hence Uthana is affected. Kirukara is involved in the production of secretions in the body. All the patients inducted in the study had Pranana, Uthana, Samana and Kirukara components of Vatha humour affected.

No specific inference could be made among control group.

10.22. DERANGED AZHAL

PITHAM	PATIENTS		HEALTHY VOLUNTEERS	
	NO	PERCENTAGE%	NO	PERCENTAGE%
Anarpitham	0	0	1	10%
Ranjagapitham	3	7.5%	0	0
Alosagapitham	0	0	0	0
Prasagapitham	0	0	0	0
Saathagapitham	28	70%	0	0

CHART OF DERANGED AZHAL HUMOUR IN BOTH GROUPS



OBSERVATION IN PEENISAM

Out of 40 cases, 7.50% had deranged Ranjagapitham, 70% had deranged Sathagam & All cases had normal Anarpitham, Prasagam & Alosagam.

OBSERVATION IN CONTROL GROUPS

Out of 40 cases, 10% had deranged Anarpitham, All cases had normal Ranjagam, Prasagam, Sathagam & Alosagam.

INFERENCE

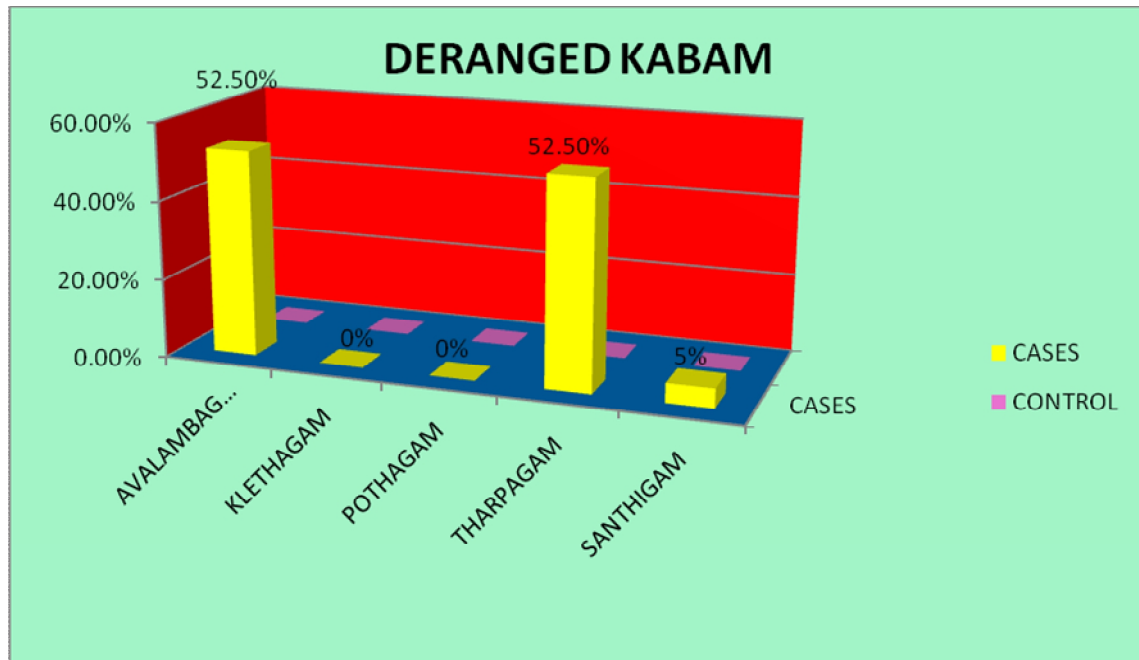
The components of Pitham connected with digestion, activeness, haemopoietic activity are affected. The daily routines are greatly affected in Peenisam cases due to deranged Kabam and Pitha humours.

No specific inference could be made from derangements in Pitha humour.

10.23. DERANGED IYYAM

KAPHAM	PATIENTS		HEALTHY VOLUNTEERS	
	NO	PERCENTAGE%	NO	PERCENTAGE%
Avalambagam	21	52.50%	0	0
Kilethagam	0	0	0	0
Pothagam	0	0	0	0
Tharpagam	21	52.50%	0	0
Santhigam	2	5%	0	0

CHART OF DERANGED KABAM HUMOUR



OBSERVATION IN PEENISAM

Out of 40 cases, 52.50% of cases had deranged Avalambagam and Tharpagam, 5% of cases had deranged Santhigam.

OBSERVATION IN CONTROL GROUP

All cases had normal Avalambagam, Kiletham, Pothagam, Tharpagam and Santhigam.

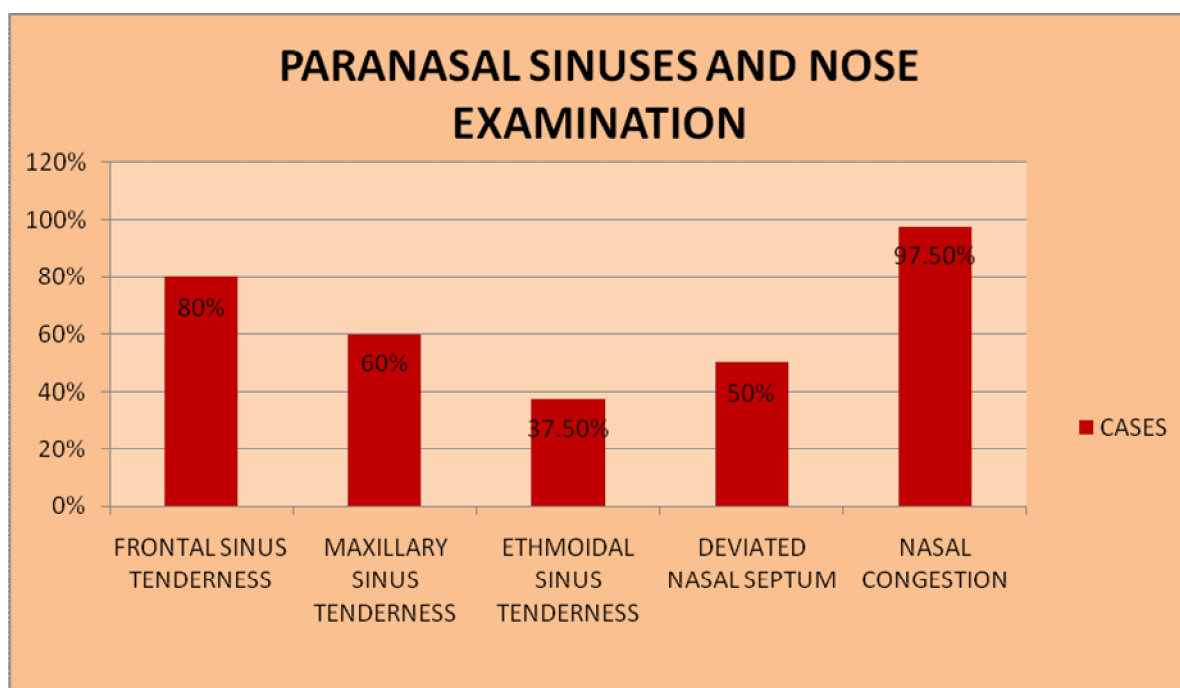
INFERENCE

The components of Kabam connected with cooling of eyes were said to be affected. Since Tharpagam is involved in the cooling of eyes and structures present in the head, the presentation of burning sensation, redness and watering of eyes suggests that it is affected.

No specific inference could be made from control group.

10.24. PARANASAL SINUSES AND NOSE EXAMINATION

TESTS	PATIENTS		CONTROL	
	NO	PERCENTAGE%	NO	PERCENTAGE%
1. FRONTAL SINUS TENDERNESS	32	80%	0	0
2. MAXILLARY SINUS TENDERNESS	24	60%	0	0
3. ETHMOIDAL SINUS TENDERNESS	15	37.5%	0	0
4. DEVIATED NASAL SEPTUM	20	50%	0	0
5. NASAL CONGESTION	39	97.5%	0	0



OBSERVATIONS

Among 40 cases, 80% of cases had tenderness in both Frontal sinuses, 60% had Maxillary tenderness, 37.50% had Maxillary tenderness 50% showed positive deviated nasal septum, 97.5% showed nasal congestion.

INFERENCE

All the signs and symptoms mentioned in Nagamuni literature about Peenisam are found in the cases of Rhinosinusitis consistently, therefore the diagnosis Rhinosinusitis may considered equivalent to that of the '**Peenisam**' mentioned in the Nagamuni literature. The mucosa of the nose and paranasal sinuses is in close continuity, and therefore whenever sinuses are affected it invariably involves the nasal mucosa also. In majority of cases paranasal sinuses and nose are affected which is evident from the examination of nose and paranasal sinuses.

NAA (TONGUE) EXAMINATION



OP.NO: C 83233, 25/F, FINDINGS: MAAPADITHAL (COATING) PRESENT



OP.NO: C94332, 23/M, FINDING: VEDIPPU (CRACK) PRESENT

NAA (TONGUE) EXAMINATION



OP.NO: C58093, 35/F, FINDING: VEDIPPU (CRACK) PRESENT



OP.NO: C57047, 34/F, FINDING: NORMAL TONGUE

VIZHI (EYE) EXAMINATION



19/9/12

**OPD NO: C93246, 35/F, FINDINGS: REDISHNESS OF
CONJUNCTIVA**

NEIKKURI (OIL ON URINE SIGN)

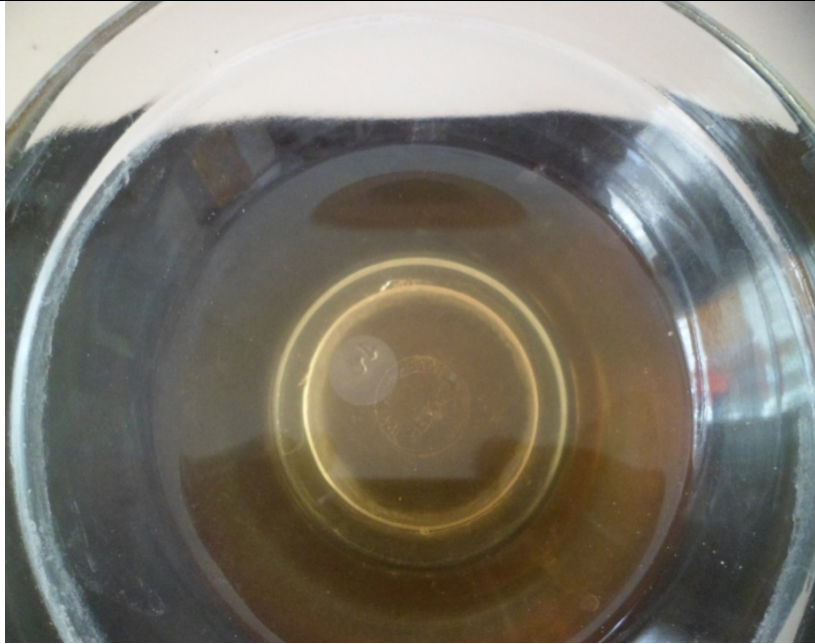


OP.NO: C76566, 26/F, FINDINGS: SHAPE - SWINE



OP.NO: C88685, 47/, FINDINGS: SIEVE (SALLADAI KANN)

NEIKKURI (OIL ON URINE SIGN)



OPD.NO: D9290, 28/M FINDINGS: SHAPE: COIN SHAPE



OP.NO: C90046, 30/F, FINDINGS: PEARL BEAD (MUTHU)

1. X-RAY - PNS

OPD NO: C85542, 36/F



FINDINGS: NASAL SEPTUM – MIDLINE

LEFT INFERIOR TURBINATE APPEARS HYPERTROPHIED

BOTH FRONTAL SINUSES AND LEFT MAXILLARY SINUS –HAZY

2. X-RAY - PNS

OPD NO: C88685, 47/F



FINDINGS: NASAL SEPTUM – MIDLINE

LEFT INFERIOR TURBINATE HYPERTROPHY

**BOTH MAXILLARY SINUSES, BOTH FRONTAL SINUSES & LEFT
ETHMOID SINUS APPEARS HAZY**

3. X-RAY - PNS

OPD NO: D003792, 39/M



FINDINGS: NASAL SEPTUM – MIDLINE

BOTH MAXILLARY & FRONTAL SINUSES ARE HAZY

TABLE.1 SHOWING LABORATORY INVESTIGATION REPORTS OF PEENISAM

S. No	OP/IP No	LAB NO	Age/ Sex	BLOOD																
				TC Cells/ cu.mm	DC in %			ESR in mm		Hb gms%	B.SUGAR mgs/dl		SGOT & SGPT	UREA	CRE ATIN INE	LIPID PROFILE				
					P	L	E	½ hr	1 hr		F	PP				T.C HO	HDL	LDL	VLDL	TGL
1	D2198	9281	29/ M	6,300	54	40	6	2	4	16.5	83	-	27&29	26	0.7	225	39	107	26	130
2	C94332	7652	23/ M	13,400	67	30	3	4	30	15.3	87	-	10&12	19	0.5	130	29	104	52	161
3	D2509	9597	47/ F	5,900	53	42	5	2	4	10.5	112	122	13&14	23	0.7	161	31	71	12	60
4	C92148	7062	21/ M	8,100	60	36	2	2	6	15.9	97	-	35&52	14	0.4	105	27	88	18	92
5	C95199	8182	26/ F	5,800	55	41	4	4	12	13.7	94	109	18&20	15	0.4	120	29	70	14	70
6	B7950	7950	23/ M	8,000	50	39	11	2	4	15.2	82	-	-	19	0.5	160	42	79	25	126
7	C98768	7952	29/ F	10,000	60	37	3	6	14	12.4	100	-	16&17	14	0.4	175	38	92	15	77
8	C84368	4263	25/ M	8,000	50	41	9	2	4	17.4	98	-	15&17	17	0.5	170	28	100	31	159
9	C57047	3550	34/ F	6,100	50	43	5	6	14	12.1	69	102	34&32	22	0.6	141	29	96	25	128
10	C58093	4110	35/ F	6,600	66	20	14	10	20	12.4	90	112	15&16	16	0.5	146	26	103	27	135

TABLE.2 SHOWING LABORATORY INVESTIGATION REPORTS OF PEENISAM

S. No	OP/IP No	LAB NO	Age/ Sex	SPECIAL INVESTIGATIONS		URINE					MOTION		
						ALB	SUGAR		DEPOSITS		OVA	CYST	OCCULT BLOOD
				AEC cells/cumm	X-RAY –PARANASAL SINUSES		F	PP	PUS CELLS	EPI CELLS			
1	D2198	9281	29/M	443	Nasal septum – midline Left inferior turbinate hypertrophied Both frontal sinuses appears hazy	NIL	NIL	NIL	1-2	2-3	NIL	NIL	NIL
2	C94332	7652	23/M	133	Nasal septum – midline Both frontal sinuses and left maxillary sinus appears hazy	NIL	NIL	NIL	1-2	1-2	NIL	NIL	NIL
3	D2509	9597	47/ F	666	Nasal septum - midline Left inferior turbinate hypertrophy Both maxillary sinuses, both frontal sinuses appears hazy.	NIL	NIL	NIL	2-4	3-6	NIL	NIL	NIL
4	C92148	7062	21/M	224	Nasal septum –midline Both inferior turbinates appear hypertrophied Both frontal sinuses appear hazy	NIL	NIL	NIL	2-4	1-2	-	-	-
5	C95199	8182	26/ F	311	Nasal septum – midline Left inferior turbinate appears hypertrophied Both frontal sinuses appear hazy	NIL	NIL	NIL	2-4	1-2	NIL	NIL	NIL
6	B7950	7950	23/M	466	Nasal septum – midline Right inferior turbinate appears hypertrophied Both frontal sinuses, both ethmoid sinuses and left maxillary sinus appears hazy.	NIL	NIL	NIL	1-2	2-4	NIL	NIL	NIL
7	C98768	7952	29/ F	144	Nasal septum – midline Left inferior turbinate hypertrophy Both maxillary sinus appear hazy.	NIL	NIL	NIL	1-2	2-3	-	-	-
8	C84368	4263	25/M	421	Nasal septum – midlineb Both inferior turbinate appears hypertrophied Both frontal sinuses appear hazy	NIL	NIL	NIL	1-2	2-3	-	-	-
9	C57047	3550	34/ F	118	Nasal septum – midline Left inferior turbinate hypertrophied Left frontal sinus hazy	NIL	NIL	NIL	1-2	2-3	-	-	-
10	C58093	4110	35/ F	350	Nasal septum – midline Right inferior turbinate is hypertrophied Both frontal sinus appears hazy	NIL	NIL	NIL	6-8	10-12	NIL	NIL	NIL

TABLE.3 SHOWING LABORATORY INVESTIGATION REPORTS OF PEENISAM

S. No	OP/IP No	LAB NO	Age/ Sex	BLOOD																
				TC Cells/ cu.mm	DC in %			ESR in mm		Hb gms%	B.SUGAR mgs/dl		SGOT & SGPT	UREA	CRE ATININE	LIPID PROFILE				
					P	L	E	½ hr	1 hr		F	PP				T.C HO	HDL	LDL	VLDL	TGL
11	C88685	1044	47/ F	9,200	55	40	5	8	18	11.5	108	123	17&18	12	0.5	192	30	96	18	94
12	D4924	9886	35/ F	8,700	63	33	4	12	24	11.1	109	124	12&14	14	0.4	173	33	75	21	108
13	D8395	9449	17/ M	6,500	65	30	5	2	4	11.2	80	-	24&26	23	0.7	103	22	49	25	127
14	D9290	699	28/ M	6,500	54	36	10	2	4	13	103	143	29&30	17	0.6	146	32	73	36	180
15	C92541	7252	29/ M	6,200	61	35	4	4	10	15.7	83	103	20&18	12	0.6	200	-	-	-	-
16	C90046	6130	30/ M	10,800	64	32	4	10	40	12	86	-	33&35	14	0.4	228	45	86	107	237
17	C76566	3148	26/ M	5,900	55	36	8	2	6	15.3	97	-	14&16	17	0.5	153	37	99	17	86
18	C88926	5757	29/ F	6,100	52	44	4	6	14	13.6	102	-	26&24	20	0.6	218	44	136	41	207
19	C65771	4499	25/ M	5,800	57	37	5	2	4	16.2	88	-	20&22	19	0.7	152	26	100	12	61
20	C87359	6648	36/ F	8,700	68	24	6	2	4	13.5	92	-	13&14	22	0.6	153	36	99	29	149

TABLE.4 SHOWING LABORATORY INVESTIGATION REPORTS OF PEENISAM

S. No	OP/IP No	LAB NO	Age/ Sex	SPECIAL INVESTIGATIONS		URINE					MOTION		
						ALB	SUGAR		DEPOSITS		OVA	CYST	OCCULT BLOOD
				AEC cells/cum m	X-RAY –PARANASAL SINUSES		F	PP	PUS CELLS	EPI CELLS			
11	C88685	1044	47/ F	166	Nasal septum – midline Left inferior turbinate hypertrophy Both maxillary sinuses, both frontal sinuses and left ethmoid sinus appears hazy	NIL	NIL	NIL	2-4	2-4	-	-	-
12	D4924	9886	35/ F	144	Nasal septum – midline Left inferior turbinate hypertrophy Both maxillary sinuses, both frontal sinuses and left thmoid sinus appears hazy	NIL	NIL	NIL	8-10	8-10	NIL	NIL	NIL
13	D8395	9449	17/M	122	Nasal septum – deviated to the left side Both inferior turbinate appears hypertrophied Both frontal sinuses appear hazy	NIL	NIL	NIL	2-4	2-4	-	-	-
14	D9290	699	28/M	233	Nasal septum – midline Both inferior turbinate hypertrophied Both frontal sinuses are hypoplastic Right maxillary sinus: heterogenous opacity present	NIL	NIL	NIL	2-4	3-6	-	-	-
15	C92541	7252	29/M	233	Nasal septum – deviated to the left side Both inferior turbinate appears hypertrophied Both frontal sinuses appear hazy	NIL	NIL	NIL	2-3	2-3	-	-	-
16	C90046	6130	30/M	222	Nasal septum – deviated to the left side Left inferior turbinate appears hypertrophied Both frontal sinuses appear hazy	NIL	NIL	NIL	2-4	3-6	-	-	-
17	C76566	3148	26/ M	93	Deviated nasal septum to left Right inferior turbinate hypertrophy Polypoidal mucosal thickening, in B/L maxillary sinuses	NIL	NIL	NIL	2-4	1-2	NIL	NIL	NIL
18	C88926	5757	29/ F	56	Nasal septum – deviated to the left side Right inferior turbinate is hypertrophied Both frontal sinuses appear hazy	NIL	NIL	NIL	1-2	1-2	-	-	-
19	C65771	4499	25/M	111	Nasal septum – midline Left inferior turbinate hypertrophied Left frontal sinus appears hazy	NIL	NIL	NIL	2-3	2-3	NIL	NIL	NIL
20	C87359	6648	36/ F	367	Nasal septum – deviated to the right side Right inferior turbinate is hypertrophied Both frontal sinuses appear hazy	NIL	NIL	NIL	1-2	2-4	-	-	-

TABLE.5 SHOWING LABORATORY INVESTIGATION REPORTS OF PEENISAM

S. No	OP/IP No	LAB NO	Age/ Sex	BLOOD																
				TC Cells/ cu.mm	DC in %			ESR in mm		Hb gms%	B.SUGAR mgs/dl		SGOT & SGPT	UREA	CRE ATIN INE	LIPID PROFILE				
					P	L	E	½ hr	1 hr		F	PP				T.C HO	HDL	LDL	VLDL	TGL
21	C82396	4293	30/ F	8,000	67	29	4	4	8	14.1	87	-	22&23	22	0.6	168	29	100	21	105
22	C86091	5321	34/ F	7,800	62	33	5	8	18	12.4	98	111	20&21	14	0.5	143	30	84	23	116
23	C50774	9812	29/ M	4,100	55	40	5	2	4	14.4	102	123	22&24	16	0.6	140	30	76	22	109
24	A49586	1188	23/ M	4,900	49	46	5	2	4	13.8	95	107	15&17	16	0.5	220	45	110	18	91
25	D3792	9711	39/ M	6,300	59	35	5	2	4	13.8	95	106	21&27	30	0.9	199	37	86	31	157
26	C89640	8016	57/ M	11,600	65	32	3	6	18	15.2	109	-	14&15	29	0.8	157	40	74	24	123
27	C 83233	4711	20/ F	8,000	58	35	4	18	42	10.4	88	101	16&17	22	0.7	173	32	100	21	105
28	C99135	9813	18/ M	8,500	69	26	5	4	8	11.9	94	-	12&14	17	0.6	99	26	55	9	44
29	C93246	8192	35/ F	9,200	65	32	3	10	60	10.6	83	-	16&18	18	0.5	125	32	74	33	167
30	C85542	6915	36/ F	6,600	27	53	20	16	36	12.4	89	114	28&29	23	0.6	168	34	76	34	174

TABLE.6 SHOWING LABORATORY INVESTIGATION REPORTS OF PEENISAM

S. No	OP/IP No	LAB NO	Age/ Sex	SPECIAL INVESTIGATIONS		URINE					MOTION		
						ALB	SUGAR		DEPOSITS		OVA	CYST	OCCULT BLOOD
				AEC cells/cumm	X-RAY –PARANASAL SINUSES		F	PP	PUS CELLS	EPI CELLS			
21	C82396	4293	30/ F	944	Nasal septum – midline Right inferior turbinate appears hypertrophied Right frontal sinus appears hazy	NIL	NIL	NIL	2-4	2-4	-	-	-
22	C86091	5321	34/ F	66	Nasal septum – midline Right inferior turbinate is hypertrophied Both frontal sinuses appear hazy	NIL	NIL	NIL	1-2	1-2	-	-	-
23	C50774	9812	29/ M	88	Nasal septum – midline Right inferior turbinate is hypertrophied B/L maxillary sinuses are hazy	NIL	NIL	NIL	2-4	2-4	-	-	-
24	A49586	1188	23/ M	144	Nasal septum-deviated to the right side Both inferior turbinate appears hypertrophied Both frontal sinuses appears hazy	NIL	NIL	NIL	2-4	2-4	NIL	NIL	NIL
25	D3792	9711	39/ M	133	Nasal septum – midline Both maxillary & frontal sinuses are hazy	NIL	NIL	NIL	2-4	2-4	-	-	-
26	C89640	8016	57/ M	80	Nasal septum – deviated to the right side Both frontal sinuses appear hazy	NIL	NIL	NIL	2-3	2-3	-	-	-
27	C 83233	4711	20/ F	450	Nasal septum-deviated to the right side Left inferior turbinate appears hypertrophied Left frontal sinuses appears hazy	NIL	NIL	NIL	2-6	2-4	NIL	NIL	NIL
28	C99135	9813	18/ M	166	Nasal septum – midline Left inferior turbinate hypertrophy Left maxillary sinus appear hazy	NIL	NIL	NIL	3-6	2-4	NIL	NIL	NIL
29	C93246	8192	35/ F	289	Nasal septum-deviated to the left side Right inferior turbinate appears hypertrophied Left frontal sinus appears hazy	NIL	NIL	NIL	2-3	2-3	-	-	-
30	C85542	6915	36/ F	944	Nasal septum – midline Left inferior turbinate appears hypertrophied Both frontal sinuses and left maxillary sinus - hazy	NIL	NIL	NIL	2-3	1-2	-	-	-

TABLE.7 SHOWING LABORATORY INVESTIGATION REPORTS OF PEENISAM

S. No	OP/IP No	LAB NO	Age/ Sex	BLOOD																
				TC Cells/ cu.mm	DC in %			ESR in mm		Hb gms%	B.SUGAR mgs/dl		SGOT & SGPT	UREA	CRE ATIN INE	LIPID PROFILE				
					P	L	E	½ hr	1 hr		F	PP				T.C HO	HDL	LDL	VLDL	TGL
31	C93486	-	28/ M	5,600	38	47	15	12	24	14.5	92	-	16&18	24	0.8	156	36	82	43	216
32	C94211	7426	32/ F	13,400	69	5	5	2	10	14.7	80	103	12&15	22	0.7	161	-	-	-	-
33	C91249	6433	55/ F	7,400	60	34	4	2	4	13.5	93	102	13&11	22	0.6	135	32	86	31	158
34	D10771	9545	38/ M	7,100	55	40	5	2	4	13.7	91	129	14&16	24	0.7	236	40	110	24	122
35	D3833	361	46/ M	5,900	50	42	7	6	12	12.9	90	112	16&17	14	0.4	190	35	91	18	93
36	D4762	483	45/ F	8,500	63	31	6	6	12	9.2	104	120	10&12	18	0.6	227	42	114	31	155
37	C88685	1044	47/ F	9200	55	40	5	8	18	11.5	108	123	17&18	12	0.5	192	30	96	18	94
38	C79853	8051	39/ F	7100	60	35	5	2	14	15.4	101	120	11&13	18	0.5	169	34	74	24	124
39	C98859	8768	30/ F	6600	49	45	6	4	8	16.8	84	97	18&20	15	0.7	151	32	69	14	70
40	C1034	8163	25/ F	8700	65	31	4	2	4	15.9	82	97	17&19	18	0.5	116	29	80	19	95

TABLE.8 SHOWING LABORATORY INVESTIGATION REPORTS OF PEENISAM

S. No	OP/IP No	LAB NO	Age/ Sex	SPECIAL INVESTIGATIONS		URINE					MOTION		
						ALB	SUGAR		DEPOSITS		OVA	CYST	OCCULT BLOOD
				AEC cells/cu mm	X-RAY –PARANASAL SINUSES		F	PP	PUS CELLS	EPI CELLS			
31	C93486	-	28/ M	855	Nasal septum – midline Right inferior turbinate is hypertrophied Left maxillary sinus and left frontal sinus -hazy	NIL	NIL	NIL	1-2	2-4	-	-	-
32	C94211	7426	32/F	88	Nasal septum deviated to the right side Right inferior turbinate hypertrophied Both frontal sinuses - hazy	NIL	NIL	NIL	2-4	1-2	-	-	-
33	C91249	6433	55/ F	333	Nasal septum deviated to the left side Right inferior turbinate hypertrophied Both frontal sinuses - hazy	NIL	NIL	NIL	2-4	2-4	NIL	NIL	NIL
34	D10771	9545	38/ M	116	Nasal septum deviated to the left side Right inferior turbinate hypertrophied Both frontal sinuses - hazy	NIL	NIL	NIL	2-3	2-3	-	-	-
35	D3833	361	46/ M	422	Nasal septum – midline Both inferior turbinate is hypertrophied Both ethmoid sinuses and left frontal sinuses -hazy	NIL	NIL	NIL	2-4	2-4	NIL	NIL	NIL
36	D4762	483	45/ F	288	Nasal septum deviated to the left side Right inferior turbinate hypertrophied Both frontal sinuses and left maxillary sinus - hazy	NIL	NIL	NIL	4-8	Plenty of pus cells	-	-	-
37	C88685	1044	47/ F	166	Nasal septum - midline Left inferior turbinate hypertrophied Left frontal sinuses and left maxillary sinus - hazy	NIL	NIL	NIL	2-4	2-4	-	-	-
38	C79853	8051	39/ F	94	Nasal septum deviated to the left side Right inferior turbinate appears hypertrophied Both frontal sinuses, both ethmoid sinuses and left maxillary sinus appears hazy.	NIL	NIL	NIL	1-2	2-4	NIL	NIL	NIL
39	C98859	8768	30/ F	522	Nasal septum – midline Both inferior turbinate is hypertrophied Both frontal sinuses -hazy	NIL	NIL	NIL	1-2	2-3	NIL	NIL	NIL
40	C1034	8163	25/ F	200	Nasal septum – midline Right inferior turbinate appears hypertrophied Both frontal sinuses, both ethmoid sinuses and left maxillary sinus appears hazy.	NIL	NIL	NIL	2-4	2-4	-	-	-

TABLE.9 SHOWING LABORATORY INVESTIGATION REPORTS OF HEALTHY VOLUNTEERS

S. No	OP/IP No	LAB NO	Age/ Sex	BLOOD																
				TC Cells/ cu.mm	DC in %			ESR in mm		Hb gms%	B.SUGAR mgs/dl		SGOT & SGPT	UREA	CRE ATIN INE	LIPID PROFILE				
					P	L	E	½ hr	1 hr		F	PP				T.C HO	HDL	LDL	VLDL	TGL
1	C72223	1939	37/ M	5800	42	53	5	2	6	14	80	-	22&27	19	0.8	170	36	87	39	198
2	D15789	1933	27/ F	7600	62	36	2	12	26	12.6	80	-	10&12	15	0.5	161	35	82	21	107
3	D15797	1955	24/ F	9800	65	30	5	2	6	13	76	-	16&18	17	0.6	120	30	70	12	63
4	D13393	1958	26/ F	10000	64	33	3	2	10	11.2	81	-	20&22	14	0.4	120	30	70	12	62
5	C33345	4415	38/ M	7,700	42	53	5	6	12	11.5	89	110	26&23	26	0.7	223	30	141	52	259
6	C33793	4544	37/ M	3,300	46	50	4	2	4	8	72	115	27&23	30	0.8	208	42	150	16	78
7	C33782	4538	32/ M	7,700	57	41	2	2	4	13	71	81	24&20	19	0.6	176	40	110	26	127
8	C33366	4428	50/ M	6,200	44	46	10	6	12	10.2	79	120	28&23	21	0.6	262	30	206	17	81
9	C33524	4481	26/ M	6,300	58	40	2	4	8	11.8	72	81	18&15	27	0.7	240	39	189	12	60
10	C33790	4546	25/ M	8,000	62	36	2	2	4	12.3	73	79	20&15	15	0.6	179	33	129	17	83

TABLE.10 SHOWING LABORATORY INVESTIGATION REPORTS OF HEALTHY VOLUNTEERS

S. No	OP/IP No	LAB NO	Age/ Sex	SPECIAL INVESTIGATIONS		URINE					MOTION		
						ALB	SUGAR		DEPOSITS		OVA	CYST	OCCULT BLOOD
				AEC	X-RAY –PARANASAL SINUSES		F	PP	PUS CELLS	EPI CELLS			
1	C72223	1939	37/M	66	Normal study	NIL	NIL	NIL	1-2	2-4	NIL	NIL	NIL
2	D15789	1933	27/ F	77	Normal study	NIL	NIL	NIL	1-2	1-2	NIL	NIL	NIL
3	D15797	1955	24/ F	177	Normal study	NIL	NIL	NIL	2-4	4-5	NIL	NIL	NIL
4	C33405	4439	33/M	102	Normal study	NIL	NIL	NIL	1-2	2-4	NIL	NIL	NIL
5	C33345	4415	38/M	385	Normal study	NIL	NIL	NIL	1-2	1-2	NIL	NIL	NIL
6	C33793	4544	37/M	367	Normal study	NIL	NIL	NIL	1-2	2-4	NIL	NIL	NIL
7	C33782	4538	32/M	154	Normal study	NIL	NIL	NIL	2-4	2-4	NIL	NIL	NIL
8	C33366	4428	50/M	620	Normal study	NIL	NIL	NIL	1-2	2-4	NIL	NIL	NIL
9	C33524	4481	26/M	126	Normal study	NIL	NIL	NIL	1-2	1-2	NIL	NIL	NIL
10	C33790	4546	25/M	405	Normal study	NIL	NIL	NIL	2-4	2-4	NIL	NIL	NIL

TABLE.11 SHOWING ENN VAGAI THERVUGAL (EIGHT FOLD EXAMINATIONS) RESULTS OF PEENISAM

SL. NO	OP NO	AGE/ SEX	NAADI	NAA	NIRAM	MOZHI	VIZHI	MALAM	MOOTHIRAM		SPARISM
									NEERKUR I	NEIKURI	
1	D2198	29/M	VALI AZHAL	MANJAL, KAIPPU	WHEATISH	SAMA OLI	KANNER	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
2	C94332	23/M	IYYA AZHAL	MANJAL KAIPPU MAAPADITHAL	MANJAL	SAMA OLI	KANNER	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
3	D2509	47/ F	VALI AZHAL	MANJAL KAIPPU	MANJAL	SAMA OLI	KANNER SIVAPPU	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
4	C92148	21/M	IYYA AZHAL	MAAPADITHAL MANJAL, INIPPU	VELLUPU	SAMA OLI	KANNER	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
5	C95199	26/ F	VALI AZHAL	VELLUPPU	WHEATISH	THAZHNT HA OLI	ERICHAL SIVAPPU	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
6	B7950	23/M	IYYA AZHAL	MAAPADITHAL MANJAL KAIPPU	KARUPPU	THAZHNT HA OLI	KANNER VELLUPU	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
7	C98768	29/ F	VALI AZHAL	MANJAL MAA PADITHAL KAIPPU	WHEATISH	SAMA OLI	KANNER, VELLUPU	KARUPPU	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
8	C84368	25/M	VALI AZHAL	MAAPADITHAL MANJAL, PULIPPU	WHEATISH	THAZHNT HA OLI	ERICHAL SIVAPPU	MANJAL	PALE YELLOW	COIN SHAPE	MIGU VEPPAM
9	C57047	34/ F	IYYA AZHAL	MANJAL, INIPPU	WHEATISH	SAMA OLI	ERICHAL	MANJAL	PALE YELLOW	PEARL	MITHA VEPPAM
10	C58093	35/ F	AZHAL VALI	MANJAL KAIPPU	WHEATISH	SAMA OLI	PEELAI SERUTHAL	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM

TABLE.12 SHOWING ENN VAGAI THERVUGAL (EIGHT FOLD EXAMINATIONS) RESULTS OF PEENISAM

SL.NO	IP/OP NO	AGE/SEX	NAADI	NAA	NIRAM	MOZHI	VIZHI	MALAM	MOOTHIRAM		SPARISM
									NEERKURI	NEIKURI	
11	C88685	47/ F	VALI AZHAL	MANJAL, INIPPU	WHEATISH	SAMA OLI	ERICHAL	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
12	D4924	35/ F	VALI AZHAL	MAAPADITHAL, VELLUPPU INIPPU	KARUPPU	SAMA OLI	ERICHAL MANJAL	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
13	D8395	17/M	VALI AZHAL	MAA PADITHAL VELLUPPU KAIPPU	KARUPPU	SAMA OLI	ERICHAL SIVAPPU	MANJAL	PALE YELLOW	COIN SHAPE	MIGUVEPPAM
14	D9290	28/M	VALI AZHAL	NORMAL	KARUPPU	SAMA OLI	ERICHAL	MANJAL	PALE YELLOW	COIN SHAPE	MITHA VEPPAM
15	C92541	29/M	VALI AZHAL	MANJAL KAIPPU	WHEATISH	SAMA OLI	PEELAI SEERUTHAL & ERICHAL	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
16	C90046	30/M	VALI AZHAL	MANJAL MAA PADITHAL VEDIPPU INIPPU	VELLUPU	SAMA OLI	KANEER VELLUPU	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
17	C76566	26/ M	IYYA VALI	NORMAL	WHEATISH	SAMA OLI	KANEER	MANJAL	PALE YELLOW	SWINE	MIGUVEPPAM
18	C88926	29/ F	VALI AZHAL	KAIPPU, YELLOW MAAPADITHAL	WHEATISH	SAMA OLI	KANNER SIVAPPU	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
19	C65771	25/M	IYYA AZHAL	MANJAL MAA PADITHAL INIPPU	WHEATISH	THAZHNT HA OLI	KANNER	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
20	C87359	36/ F	IYYA AZHAL	MAA PADITHAL, MANJAL INIPPU	WHEATISH	SAMA OLI	KANNER VELLUPU	MANJAL	YELLOW	PEARL BEAD	MITHA VEPPAM

TABLE.13 SHOWING ENN VAGAI THERVUGAL (EIGHT FOLD EXAMINATIONS) RESULTS OF PEENISAM

SL. NO	IP/OP NO	AGE/ SEX	NAADI	NAA	NIRAM	MOZHI	VIZHI	MALAM	MOOTHIRAM		SPARISM
									NEERKURI	NEIKURI	
21	C82396	30/ F	IYYA AZHAL	MAA PADITHAL, MANJAL INIPPU	WHEATISH	SAMA OLI	ERICHAL MANJAL	MANJAL	PALE YELLOW	SLOWLY SPREADING	MITHA VEPPAM
22	C86091	34/ F	AZHAL IYYAM	MAA PADITHAL, MANJAL	WHEATISH	SAMA OLI	KANEER	MANJAL	YELLOW	SLOWLY SPREADING	MITHA VEPPAM
23	C50774	29/ M	AZHAL IYYAM	MAAPADITHAL MANJAL	WHEATISH	SAMA OLI	KANEER, SIVAPPU	MANJAL	YELLOW	PEARL BEAD	MITHA VEPPAM
24	A49586	23/ M	VALI AZHAL	MANJAL MAAPADITHAL, KAIPPU	WHEATISH	SAMA OLI	ERICHAL SIVAPPU	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
25	D3792	39/ M	IYYA AZHAL	MANJAL VEDIPPU	WHEATISH	SAMA OLI	ERICHAL SIVAPPU	MANJAL	YELLOW	COIN SHAPE	MITHA VEPPAM
26	C89640	57/ M	VALI AZHAL	NORMAL	WHEATISH	SAMA OLI	ERICHAL	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
27	C 83233	20/ F	AZHAL VALI	MANJAL, KAIPPU VELUPPU	WHEATISH	SAMA OLI	KANEER ERICHAL	MANJAL	YELLOW	PEARL BEAD	MITHA VEPPAM
28	C99135	18/ M	AZHAL IYYAM	MANJAL, KAIPPU	WHEATISH	SAMA OLI	ERICHAL SIVAPPU	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
29	C93246	35/ F	IYYA AZHAL	MAA PADITHAL, MANJAL VEDIPPU	VELLUPU	SAMA OLI	ERICHAL SIVAPPU	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
30	C85542	36/ F	AZHAL VALI	MANJAL,	WHEATISH	SAMA OLI	KANNER SIVAPPU	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM

TABLE.14 SHOWING ENN VAGAI THERVUGAL (EIGHT FOLD EXAMINATIONS) RESULTS OF PEENISAM

SL.N O	IP/OP NO	AGE/ SEX	NAADI	NAA	NIRAM	MOZHI	VIZHI	MALAM	MOOTHIRAM		SPARISM
									NEERKURI	NEIKURI	
31	C93486	28/ M	AZHAL VALI	MAAPADITHAL VELLUPPU	WHEATISH	SAMA OLI	KANEER ERICHAL	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
32	C94211	32/ F	VALI AZHAL	NORMAL	WHEATISH	THAZH NTHA OLI	ERICHAL	MANJAL	PALE YELLOW	SLOWLY SPREADING	MITHA VEPPAM
33	C91249	55/ F	VALI AZHAL	MAAPADITHAL MANJAL VEDIPPU	WHEATISH	SAMA OLI	KANEER	MANJAL	YELLOW	SIEVE	MITHA VEPPAM
34	D10771	38/ M	AZHAL VALI	MANJAL,VEDIPPU	WHEATISH	URATH A OLI	KANEER ERICHAL	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM
35	D3833	46/ M	IYYA AZHAL	VELUPPU,INIPPU	WHEATISH	SAMA OLI	ERICHAL	MANJAL	PALE YELLOW	SLOWLY SPREADING	MITHA VEPPAM
36	D4762	45/ F	IYYA VALI	MAAPADITHAL MANJAL VEDIPPU	WHEATISH	THAZH NTHA OLI	KANEER	MANJAL	PALE YELLOW	SLOWLY SPREADING	THATPAM
37	C88685	47/ F	VALI AZHAL	MAAPADITHAL VEDIPPU	KARUPPU	SAMA OLI	PEELAI SEERUTHAL & ERICHAL	MANJAL	PALE YELLOW	FASTLY SPREADING	MITHA VEPPAM
38	C79853	39/ F	IYYA AZHAL	MAAPADITHAL MANJAL VEDIPPU	KARUPPU	SAMA OLI	KANNER	MANJAL	PALE YELLOW	PEARL BEAD	THATPAM
39	C98859	30/ F	AZHAL IYYAM	MAAPADITHAL MANJAL VEDIPPU	WHEATISH	SAMA OLI	PEELAI SEERUTHAL & ERICHAL	MANJAL	PALE YELLOW	COIN SHAPE	MITHA VEPPAM
40	C1034	25/ F	IYYA AZHAL	MANJAL, VEDIPPU	KARUPPU	THAZH NTHA OLI	PEELAI SEERUTHAL & ERICHAL	MANJAL	PALE YELLOW	PEARL BEAD	MITHA VEPPAM

TABLE.15 SHOWING ENVAGAI THERVU RESULTS OF PEENISAM

SL. NO	IP/OP NO	AGE/SEX	TYPE OF DEGI	MANIKKADAI NOOL	RASI	NATCHATHIRAM
1	D2198	29/M	VATHA PITHAM	9 ½	NOT KNOWN	NOT KNOWN
3	D2509	47/ F	PITHA KABAM	7 ¾	NOT KNOWN	NOT KNOWN
4	C92148	21/M	PITHA VATHAM	10	KATAKAM	PUNARPOOSAM
5	C95199	26/ F	KABA PITHAM	9 ¼	MESHAM	BARANI
6	B7950	23/M	KABA VATHAM	9	NOT KNOWN	NOT KNOWN
7	C98768	29/ F	KABA VATHAM	9 ¼	DHANUSU	POORADAM
8	C84368	25/M	PITHA KABAM	9 ½	KATAKAM	POOSAM
9	C57047	34/ F	VATHA PITHAM	8 ¼	NOT KNOWN	NOT KNOWN
10	C58093	35/ F	VATHA KABAM	10	MESHAM	ASWINI
11	C88685	47/ F	VATHA PITHAM	9	NOT KNOWN	NOT KNOWN
12	D4924	35/ F	PITHA VATHAM	10	VIRUCHIGAM	KETTAI
13	D8395	17/M	VATHA PITHAM	9 ½	NOT KNOWN	NOT KNOWN
14	D9290	28/M	VATHA PITHAM	9 ½	NOT KNOWN	NOT KNOWN
15	C92541	29/M	VATHA PITHAM	9	NOT KNOWN	NOT KNOWN
16	C90046	30/M	PITHA KABAM	9 ½	KANNI	UTHIRADAM
17	C76566	26/ M	VATHA PITHAM	9 ½	KATAGAM	NOT KNOWN
18	C88926	29/F	PITHA KABAM	9 ½	DHANUSU	NOT KNOWN
19	C65771	25/M	PITHA VATHAM	8 ½	THULAM	SWATHI
20	C87359	36/ F	PITHA VATHAM	9 ¼	NOT KNOWN	NOT KNOWN

TABLE.16 SHOWING ENVAGAI THERVU RESULTS OF PEENISAM

SL. NO	IP/OP NO	AGE/ SEX	TYPE OF DEGI	MANIKADAI NOOL	RASI	NATCHATHIRAM
21	C82396	30/ F	KABA VATHAM	8 ¼	NOT KNOWN	NOT KNOWN
22	C86091	34/ F	KABA VATHAM	9 ½	NOT KNOWN	NOT KNOWN
23	C50774	29/ M	VATHA PITHAM	8 ¼	RISHABAM	MIRUGASEERADAM
24	A49586	23/ M	VATHA PITHAM	9 ½	KATAKAM	POOSAM
25	D3792	39/ M	KABA PITHAM	9 ¼	KANNI	ASTHAM
26	C89640	57/ M	VATHA PITHAM	8 ¼	NOT KNOWN	NOT KNOWN
27	C 83233	20/ F	VATHA KABAM	9 ¼	KUMBAM	SADAYAM
28	C99135	18/ M	KABA PITHAM	9	SIMMAM	NOT KNOWN
29	C93246	35/ F	VATHA PITHAM	8 ¼	KUMBAM	BARANI
30	C13574	40/ F	PITHA KABAM	9 ¼	RISHABAM	NOT KNOWN
31	C93486	28/ M	VATHA PITHAM	9	KUMBAM	POORATATHI
32	C94211	32/ F	PITHA VATHAM	9 ¾	RISHABAM	ROHINI
33	C91249	55/ F	PITHA KABAM	9 ¾	NOT KNOWN	NOT KNOWN
34	D10771	38/ M	VATHA PITHAM	9 ¼	MIDHUNAM	THIRUVATHIRAI
35	D3833	46/ M	PITHA VATHAM	9	THULAAM	NOT KNOWN
36	D4762	45/ F	PITHA KABAM	9 ¾	MEENAM	UTHIRATAATHI
37	C88685	47/ F	KABA VATHAM	9 ½	THULAAM	AVITAM
38	C79853	39/ F	KABA PITHAM	9	MESAM	ASWINI
39	C98859	30/ F	VATHAKABAM	9 ¾	THULAAM	CHITHIRAI
40	C1034	25/ F	VATHA PITHAM	9 ½	NOT KNOWN	NOT KNOWN

TABLE.17 SHOWING ENN VAGAI THERVUGAL (EIGHT FOLD EXAMINATIONS) RESULTS OF HEALTHY VOLUNTEERS

SL. NO	OP NO	AGE/ SEX	NAADI	NAA	NIRAM	MOZHI	VIZHI	MALAM	MOOTHIRAM		SPARISM
									NEERKUR I	NEIKURI	
1	C72223	37/M	IYYA AZHAL	MAAPADITHAL	WHEATISH	SAMA OLI	NORMAL	MANJAL	YELLOW	PEARL	MITHA VEPPAM
2	D15789	27/ F	IYYA AZHAL	NORMAL	WHEATISH	SAMA OLI	NORMAL	MANJAL	PALE YELLOW	PEARL	THATPAM
3	D15797	24/ F	VALI AZHAL	NORMAL	WHEATISH	SAMA OLI	NORMAL	MANJAL	PALE YELLOW	MELLANA PARAVAL	MITHA VEPPAM
4	D13393	26/ F	VALI AZHAL	MAAPADITHAL	WHEATISH	SAMA OLI	NORMAL	MANJAL	PALE YELLOW	PEARL	MITHA VEPPAM
5	C33345	38/M	VALI AZHAL	NORMAL	WHEATISH	SAMA OLI	NORMAL	MANJAL	PALE YELLOW	PEARL	MITHA VEPPAM
6	C33793	37/M	VALI AZHAL	MAAPADITHAL	WHEATISH	SAMA OLI	REDDISH	MANJAL	YELLOW	MELLANA PARAVAL	MITHA VEPPAM
7	C33782	32/M	VALI AZHAL	MAA PADITHAL	WHEATISH	SAMA OLI	NORMAL	KARUPPU	PALE YELLOW	PEARL	MITHA VEPPAM
8	C33366	50/M	VALI AZHAL	MAAPADITHAL	WHEATISH	SAMA OLI	NORMAL	MANJAL	PALE YELLOW	ROUND	THATPAM
9	C33524	26/M	VALI AZHAL	NORMAL	WHEATISH	SAMA OLI	NORMAL	MANJAL	PALE YELLOW	PEARL	MITHA VEPPAM
10	C33790	25/M	VALI AZHAL	MAAPADITHAL	WHEATISH	SAMA OLI	NORMAL	MANJAL	PALE YELLOW	PEARL	MITHA VEPPAM

TABLE.18 SHOWING ENVAGAI THERVU RESULTS OF HEALTHY VOLUNTEERS

SL.NO	IP/OP NO	AGE/ SEX	TYPE OF DEGI	MANIKKADAI NOOL	RASI	NATCHATHIRAM
1	C72223	37/M	VATHA PITHAM	10	NOT KNOWN	NOT KNOWN
2	D15789	27/ F	VATHA PITHAM	9 ³ / ₄	NOT KNOWN	NOT KNOWN
3	D15797	24/ F	VATHA PITHAM	8 ¹ / ₂	NOT KNOWN	NOT KNOWN
4	D13393	26/ F	PITHA VATHAM	10	RISHABAM	NOT KNOWN
5	C33345	38/M	KABA PITHAM	9 ¹ / ₄	MESHAM	NOT KNOWN
6	C33793	37/M	KABA VATHAM	9	NOT KNOWN	NOT KNOWN
7	C33782	32/M	KABA VATHAM	9 ¹ / ₄	DHANUSU	NOT KNOWN
8	C33366	50/M	VATHA PITHAM	9 ¹ / ₂	SIMMAM	NOT KNOWN
9	C33524	26/M	VATHA PITHAM	8 ¹ / ₂	NOT KNOWN	NOT KNOWN
10	C33790	25/M	VATHA KABAM	9	MESHAM	NOT KNOWN

11. DISCUSSION

At the end of the study on Peenisam, the author discusses on significant facts about the disease with relevant justifications from Siddha and Modern literatures based on observations and results.

The reteroscopic review of the disease Peenisam begins from the correlation with the signs and symptoms of the disease Rhinosinusitis and initial sorting of information among the data extracted for analysis including age, sex, duration of illness, predisposing factors that provoked the attack and their radiological findings.

According to Nagamunivar Thalai Noi Maruthuvam which described the condition Peenisam. Patients were recruited and were subjected to thorough history taking, clinical examination and laboratory investigations.

Majority of diseased cases (47.5%) in the study were of 21-30 yrs. Next to this 27.5% of cases fell under 31-40 years. The 21 to 40 year age group is normally the socially active age group having more chances for exposure to the exterior environment. It may be because of increase in environmental pollution and changes in life style practices like increased intake of aerated beverages, fast foods, etc. which are hazardous to health. So people between these age group are advised to change their life style changes such as avoiding prolonged exposure to exterior environment, avoid drinking chilled beverages etc.,

In the study both gender were found affected more or less equally. Both sexes are likely to be affected equally.

95% of cases were non-vegetarian. The general population status is reflected in the study population and no specific inference could be made with respect to the study.

Because half of the study population consisted of females, and that majority of them are homemakers this is reflected in the study, It may be because, in countries like India, it is customary for females to have long hair which after wetting takes long time to dry, and women are frequently getting exposed to dust and smoke while doing household activities.

According to Siddhar Aruvai Maruthuvam, the etiology for nose diseases is given as Wandering in mist, Exposure to cold wind, Taking bath in cold water, Drinking of contaminated water, Restraining of reflexes such as tears, vomiting, Speaking aloud and Excessive sleep.

In this study almost all the cases had History of Wandering in mist, Exposure to cold wind, Taking bath in cold water, drinking of contaminated water. On exposure to the cold and moist air the mucosa reacts and become inflamed and productive, this leads on to the onset of Peenisam. History of drinking contaminated water has been elicited in majority of patients, which leads to infections and thus the onset of Peenisam occurs. The mucosal membranes of the head, ear, nose reacts on taking bath in cold water which precipitates the condition Peenisam. From this study it is inferred that exposure to cold precipitates the condition Peenisam with symptoms of Rhinosinusitis.

So people with above habits were advised to change these lifestyle practices such as by taking bath in hot water as mentioned in Noi Illa Neri for Kabha type of body constitution, drinking boiled water, avoid exposure to mist and cold frequently and therefore adopting proper preventive measures.

According to Nagamunivar Thalai Noi Maruthuvam, the symptoms of Peenisam are given as Headache, Mucous discharge from the nose, History of recurrent sneezing, Dryness of nose, Halitosis, Nasal stuffiness. All the cases had headache, mucous discharge from the nose, recurrent sneezing, nasal stuffiness and 75% of cases had halitosis. It is inferred from the study that the cluster of symptoms mentioned by Sage Nagamuni can be observed in patients even today. The conceptualization of Sage Nagamuni about the condition Peenisam holds good to the present day classification of medical signs.

In this study, Most of the cases (95%) were hailing from Neithal region. As per Pathartha Guna chinthamani, people residing in Neithal regions are prone to develop Kabha derangements. But because of single centric study, (study done in National Institute of Siddha) type and the location of study place near Neithal area, this could not be properly inferred.

Majority of the patients (55%) fell in Vatha kaalam. As most of the patients are in Vatha kaalam, and because the 30 years age group are socially active, they are more prone to get exposed to exterior environment, this is simply reflected in the study.

Majority of cases had their diseases started in Kaarkalam & Koothirkaalam. This implies that the monsoons and rains acted as triggering factors for the onset of the condition Peenisam. When the body is exposed to cold, the risk of infection goes up. In cold environment the blood vessels constrict and immune system is actually weakened in lower temperatures.

It might be because of the lowering of temperature, dampness of the atmosphere and waning immunity triggering of Kabam occurs and thereby causing the disease. So during this season drugs, diet and hygienic practices that are specific to strengthen Udal Vanmai can be advised. It is inferred that the rainy season has great impact on the development of this Peenisam. So proper precautionary measures like drinking hot water, intake of sour and salt foods which will increase Vatha and Pitha humour, intake of honey and external application of Musk, Camphor, and Sandal can be followed.

As per the data collected from 40 samples, More than 80% of patients were suffering from this disease for more than a year; it is understood from this study that Peenisam (Rhinosinusitis) tends to run a chronic course in many patients.

And after Siddha way of examining the selected patients, the author came out with fruitful results especially with Naadi, Manikkadai nool, Taste in tongue, Neikkuri and Eye examination. And no specific results were found with Niram, Mozhi, Sparisam, Neerkuri and Malam examination.

In Manikkadai nool study, a sizable percentage of cases had manikkadai measurements of $8\frac{1}{4}$, 9 and $9\frac{1}{4}$ fbs. In the Agasthiyar Soodamani Kayiru Soothiram a treatise written by Sage Agasthiyar, the wrist circumetric sign for Peenisam has been given as 8, $8\frac{1}{4}$ and $9\frac{1}{4}$ fbs. This means the disease Peenisam fell in a wrist circumetric range between **$8\frac{1}{4}$ - $9\frac{1}{4}$ fbs** roughly.

In this study it was observed that 50% of cases fell within the above range of fingerbreadths and remaining percentage fell out of the given range. Therefore those subjects with the range **$8\frac{1}{4}$ - $9\frac{1}{4}$** of wrist circumetric fingerbreadths along with positive

findings in other Siddha parameters may be inferred to have a predilection to develop Peenisam. Such people may be advised to follow the precautionary steps to avoid the development of Peenisam as a preventive measure.

From this study it seems that there is a fairly equal distribution of Zodiac sign in patients of Peenisam.

Of all the cases of Peenisam inducted almost all of them had affections in Saaram which indicates that the very presence of Peenisam affects the general vigour of the individuals. The vitiation of Saaram hands down its reflections over Seneer. So drugs that are specific to strengthen these Udal thathukkal can be prescribed.

From the pulse study of Peenisam patients, 45% of cases had the Naadinadai of Vatha pitham, 12.5% cases had Pitha vatham, 10% cases had Pitha kabam, 32.50% of case had Kaba Pitham, and the prominence of Vatham was increasingly felt in the Naadi perception because of the influence by the time period of examination (Vatha kaalam). The prominence of Kabam felt in the Naadi nadai is because of the influence of the disease Peenisam itself. Whereas in healthy volunteers Naadi was observed to be in physiological state in most of them with respect to body nature, sex and age.

In the study majority of cases had Maa padithal, Kaippu and Inippu suvai (taste) in tongue and normal salivation. As per the text Agathiar Naadi, Kaippu taste in tongue is a sign of Pitha derangement and Inippu taste in tongue is a sign of deranged Kaba humour. So it may be inferred that deranged Kaba and Pitha humour forms the base for Peenisam. Whereas in healthy volunteers Naadi was observed to be in physiological state in most of them with respect to body nature, sex and age.

In Healthy volunteers, no specific inference could be made out in this study from the examination of tongue (Naa). So in healthy individuals, Kaippu & Innippu suvai (taste) in tongue can be taken as a sign of Kaba and Pitha humour derangements and necessary precautions can be taken.

A sizable percentage of patients reported with thontham niram (Wheatish), normal voice pitch, mitha veppam, and facial tenderness on examination. As majority of people in Tamil nadu are wheatish which is reflected in study population, 17.5% of patients had thazhantha oli (low pitch voice) which is due to Rhinolalia in Rhinosinusitis.

In Healthy volunteers, no specific inference could be made out in this study from the examination of Niram, Mozhi and Meikuri.

From eye examination, 27.5% of cases in the study present with Redness of eyes and 47.5% of cases present with increased lacrimation. This feature which is also mentioned in modern texts under sinusitis could be because of infection and inflammation spreading to the adjacent vulnerable structures. Red colour of the eye indicates the presence of allergic congestion of conjunctiva. A local congestion causes the lacrimal stimulation and therefore increased tears. In Healthy volunteers, no specific inference could be made out in this study from the examination of niram, mozhi and meikuri.

Almost all the cases and healthy volunteers had the character of normal stools. No specific inference could be made from Malam (Stool) examination.

Almost all the cases and healthy volunteers had normal urine Colour (Ila Manjal Niram) with mild aromatic smell and normal density and normal Enjal. No specific inference could be made out in this study from the examination of Neerkuri.

Majority of cases had pearl bead Neikkuri. As Per the Sage Theraiyar “Muthothu nirkin mozhivathen kabame” it is evident that kaba humour is affected in Peenisam, hence majority of patients had pearl bead shape Neikkuri which is validated from the literature.

When the urine is diluted the surface tension of urine approximates to that of water, the Oil drop tends to stay as such like a pearl bead. When the urine is constituted with various solutes like bile salts and other chemicals they lower the surface tension of the urine and the oil drop spreads over the urine sample. This explains the saying of Sage Theraiyar “Aazhi pol paravin akthe Pitham”, “Muthothu nirkin mozhivathen kabame”. Diluted urine is Kabaneer and concentrated urine is more of Pitha humour.

From the study on Dhasavaayukkal, it is inferred that Pranan is operating very much in the respiratory tract; Uthanan is an upward force component of Vatham, since majority of patients had the complaint of sneezing, and hence Uthanan is affected. Kirukaran is involved in the production of secretions in the body. All the patients inducted in the study had Pranan, Udhanan, Samanan and Kirukaran components of Vatha humour affected. No specific inference could be made among control group.

From the study on five types of Pitham, the components of Pitham connected with digestion, activeness, haemopoietic activity are found to be affected. The daily routines are greatly affected in Peenisam cases due to deranged Kabam and Pitha humours. No specific inference could be made from derangements in Pitha humour.

From the study on five types of Kabam, The components of Kabam connected with cooling of eyes were said to be affected. Since Tharpagam is involved in the cooling of eyes and structures present in the head, the presentation of burning sensation, redness and watering of eyes suggests that it is affected. No specific inference could be made from control group.

Among 40 cases, 80% of cases had tenderness in both Frontal sinuses, 60% had Maxillary tenderness, 37.50% had Maxillary tenderness 50% showed positive deviated nasal septum, 97.5% showed nasal congestion.

All the signs and symptoms mentioned in Nagamuni literature about Peenisam are found in the cases of Rhinosinusitis consistently, therefore the diagnosis Rhinosinusitis may considered equivalent to that of the '**Peenisam**' mentioned in the Nagamuni literature. The mucosa of the nose and paranasal sinuses is in close continuity, and therefore whenever sinuses are affected it invariably involves the nasal mucosa also. In majority of cases paranasal sinuses and nose are affected which is evident from the examination of nose and paranasal sinuses.

X-ray findings of majority of patients were reported with haziness of frontal sinuses, maxillary sinuses and in 50% of cases deviated nasal septum is seen.

From the Absolute Eosinophil count [AEC] and Eosinophil count values, it was found that nearly 20% had Allergic tendency.

12. CONCLUSION

The author had come out with valuable results from the study on Peenisam, validating the clinical features of Peenisam elucidated in an ultra short poetic segment by Sage Nagamunivar and also a proper Siddha diagnostic methodology had been elucidated for the disease.

The symptoms and signs mentioned in Sage Nagamuni literature are in close conformity with that of Rhinosinusitis mentioned in modern medical literature.

The patients reported with the symptoms of Peenisam were subjected to the standard set of investigations, the results and findings of the investigations were suggestive of Rhinosinusitis according to modern classification of disease.

The fact that Peenisam which has Kabam as the major etiological factor, according to the Sage Nagamunivar text, was validated by the findings of Oil on urine sign/Neikkuri showing up shapes of pearl beaded appearance of the oil drop in 70% of cases.

It is certainly a case of Peenisam, the cases were diagnosed with one hundred percent confidence as Peenisam because the aetiological factors mentioned in the literature and that the elicited history of patients conforms to be the same.

Mannikkadai nool findings were also validated for the range 8 ¼ - 9 ¼ which indicates the chances of Peenisam occurrence.

Almost all the patients diagnosed as Peenisam had positive radiological evidence conforming to the correlation of disease with RhinoSinusitis.

From the analysis done between Peenisam cases and Control group, notable variations were observed in both Siddha and Modern parameters.

Finally, with the observations and results of various parameters like eight fold examination, manikkadai nool, astrology, seasonal factor, etc it was found that all of them point to the development or vitiation of Kabha and Pitha humours leading to the disease Peenisam.

From this study findings validation, some therapeutic guidelines were framed for the treatment of Peenisam.

Thus the author concludes by throwing lights on the validation of symptomatology and exclusive Siddha diagnostic methodology for Peenisam, so that a physician can arrive at proper treatment procedures by rightly diagnosing the disease.

13.ASSESSMENT FORMS

Form –I	Screening and selection Proforma
Form –IA	History Proforma on enrollment
Form II	Clinical Assessment on enrollment
Form –III	Laboratory investigations on enrollment, during the study
Form –IV	Consent form (Vernacular and English versions)
Form -IV- A	Patient Information Sheet (Vernacular and English versions)

NATIONAL INSTITUTE OF SIDDHA, CHENNAI – 47

DEPARTMENT OF NOI NAADAL

**A STUDY ON DIAGNOSTIC METHODOLOGY AND
SYMPTOMATOLOGY OF “PEENISAM”**

FORM I
SCREENING AND SELECTION PROFORMA

1. O.P.No _____ 2. I.P No _____ 3. Bed No: _____ 4. S.No: _____

5. Name: _____ 6. Age (years): 7. Gender:

8. Occupation: _____ 9. Income: _____

10. Address: _____

11. Contact No : _____

12. E-mail : _____

INCLUSION CRITERIA

	YES	NO
1. Age 18-60yrs.	<input type="checkbox"/>	<input type="checkbox"/>
2. Headache	<input type="checkbox"/>	<input type="checkbox"/>
3. Mucous discharge from the nose	<input type="checkbox"/>	<input type="checkbox"/>
4. H/O of recurrent Sneezing	<input type="checkbox"/>	<input type="checkbox"/>
5. Dryness of the nose	<input type="checkbox"/>	<input type="checkbox"/>
6. Halitosis	<input type="checkbox"/>	<input type="checkbox"/>
7. Nasal stuffiness	<input type="checkbox"/>	<input type="checkbox"/>
8. Patient willing to give blood sample as mentioned in laboratory proforma and willing to take X-ray-PNS	<input type="checkbox"/>	<input type="checkbox"/>

EXCLUSION CRITERIA

	YES	NO
1. Sooriyaa vartham (Migraine)	<input type="checkbox"/>	<input type="checkbox"/>
2. Chandhiraa vartham (Cluster headache)	<input type="checkbox"/>	<input type="checkbox"/>
3. Other major Systemic illness	<input type="checkbox"/>	<input type="checkbox"/>
4. Vulnerable group (Pregnancy, Lactation, Insanes)	<input type="checkbox"/>	<input type="checkbox"/>

Date :

Signature of PG student :

Signature of Lecturer:

NATIONAL INSTITUTE OF SIDDHA, CHENNAI – 47

DEPARTMENT OF NOI NAADAL

**A STUDY ON DIAGNOSTIC METHODOLOGY AND
SYMPTOMATOLOGY OF “PEENISAM”**

FORM I-A

HISTORY PROFORMA

1. Sl. No of the case: _____

2. Name: _____ Height: _____ cm weight: _____ Kg

3. Age (years): _____ DOB

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D D M M Y E A R

4. Educational Status:

1) Illiterate ☐ 2) Literate ☐ 3) Student ☐ 4) Graduate/Postgraduate ☐

5. Nature of work:

1) Sedentary work ☐
2) Field work with physical labour ☐
3) Field work Executive ☐

6. Complaints and Duration:

7. History of present illness:

8. History of Past illness:

	1. Yes	2. No
Systemic hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>
Dyslipidaemia	<input type="checkbox"/>	<input type="checkbox"/>
Ischemic heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Bronchial asthma	<input type="checkbox"/>	<input type="checkbox"/>
Any drug allergy	<input type="checkbox"/>	<input type="checkbox"/>
Any surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Any major illnesses	<input type="checkbox"/>	<input type="checkbox"/>
Dust allergy	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>
Recent upper respiratory tract infection	<input type="checkbox"/>	<input type="checkbox"/>
Allergic disorders	<input type="checkbox"/>	<input type="checkbox"/>
Dental sepsis	<input type="checkbox"/>	<input type="checkbox"/>
Past history of sinusitis	<input type="checkbox"/>	<input type="checkbox"/>

9. Habits:

	1. Yes	2. No
Smoker	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholic	<input type="checkbox"/>	<input type="checkbox"/>
Drug Addiction	<input type="checkbox"/>	<input type="checkbox"/>
Betel nut chewer:	<input type="checkbox"/>	<input type="checkbox"/>

Tea

☐☐

Coffee

☐☐

Milk

☐☐

DIET HISTORY

Type of diet

V ☐

NV ☐

M ☐

VEGETARIAN FOODS

1. Yes

2. No

Cool drinks

☐☐

Ice creams

☐☐

Junk foods

☐☐

NON VEGETARIAN FOODS

Meat

☐☐

Fish

☐☐

Crab

☐☐

DRINKS

Ice Water

☐☐

10. Personal history:

Marital status: Married ☐ Unmarried ☐

No. of children: Male: _____ Female: _____

Socio economic status:

11. Family history:

History of diabetes mellitus -----

History of systemic hypertension -----

History of Eosinophilia -----

History of Bronchial Asthma -----

History of Tuberculosis -----

History of Syphilis -----

Others:

6. Menstrual & Obstetric history:

Age at menarche _____ years

Gravidity ☐ Parity ☐

Duration of the menstrual cycle:

Constancy of cycle duration: 1.Regular ☐ 2.Irregular ☐

7. GENERAL ETIOLOGY FOR PEENISAM:

	YES	NO
1. Wandering in mist	<input type="checkbox"/>	<input type="checkbox"/>
2. Exposure to cold wind	<input type="checkbox"/>	<input type="checkbox"/>
3. Taking bath in cold water	<input type="checkbox"/>	<input type="checkbox"/>
4. Drinking of contaminated water	<input type="checkbox"/>	<input type="checkbox"/>
5. Restraining of reflexes such as tears, vomiting	<input type="checkbox"/>	<input type="checkbox"/>
6. Speaking aloud	<input type="checkbox"/>	<input type="checkbox"/>
7. Excessive sleep	<input type="checkbox"/>	<input type="checkbox"/>
8. Decreased sleep	<input type="checkbox"/>	<input type="checkbox"/>

8. CLINICAL SYMPTOMS OF PEENISAM

	PRESENT	ABSENT
1. Headache	<input type="checkbox"/>	<input type="checkbox"/>
2. Mucous discharge from the nose	<input type="checkbox"/>	<input type="checkbox"/>
3. H/O of recurrent Sneezing	<input type="checkbox"/>	<input type="checkbox"/>
4. Dryness of the nose	<input type="checkbox"/>	<input type="checkbox"/>
5. Halitosis	<input type="checkbox"/>	<input type="checkbox"/>
6. Nasal stuffiness	<input type="checkbox"/>	<input type="checkbox"/>

Date :

Signature of PG student:

Signature of Lecturer:

NATIONAL INSTITUTE OF SIDDHA, CHENNAI – 47

DEPARTMENT OF NOI NAADAL

**A STUDY ON DIAGNOSTIC METHODOLOGY AND
SYMPTOMATOLOGY OF “PEENISAM”**

FORM II

CLINICAL ASSESSMENT

1. Serial No: _____

2. Name: _____

3. Date of birth:

--	--

--	--

--	--	--	--

D D M M Y E A R

4. Age: _____ years

5. Date: _____

GENERAL EXAMINATION:

1. Pallor:
2. Icterus:
3. Cyanosis:
4. Lymphadenopathy:
5. Pedal edema:
6. Clubbing:
7. Jugular vein pulsation:
8. Temperature (°F):
9. Pulse rate:
10. Heart rate:
11. Respiratory rate:
12. Blood pressure:
13. Height: _____ cms.
14. Weight (kg): BMI _____ (Weight Kg/ Height m²)

LOCAL EXAMINATION OF NOSE AND PARANASAL SINUSES

EXAMINATION OF THE EXTERNAL NOSE

Inspection:

- a. Shape of the nose:
- b. Any swelling or ulceration:
- c. Any Scar:
- d. Boil/ abscess:

Palpation:

- a. tenderness:

EXAMINATION OF THE VESTIBULE OF NOSE:

EXAMINATION OF THE NASAL CAVITY:

- a. Mucosa:
- b. Floor of nose:
- c. Nasal septum:
- d. Nasal passage:

EXAMINATION OF THE MAXILLARY SINUS:

- a. Inspection:
- b. palpation:

EXAMINATION OF THE FRONTAL SINUS:

- a. Inspection:
- b. palpation:

EXAMINATION OF THE ETHMOID SINUS:

- a. Inspection:
- b. palpation:

VITAL ORGANS EXAMINATION

	1. Normal	2. Affected
1. Heart	<input type="checkbox"/>	<input type="checkbox"/> _____
2. Lungs	<input type="checkbox"/>	<input type="checkbox"/> _____
3. Brain	<input type="checkbox"/>	<input type="checkbox"/> _____
4. Liver	<input type="checkbox"/>	<input type="checkbox"/> _____
5. Kidney	<input type="checkbox"/>	<input type="checkbox"/> _____
6. Spleen	<input type="checkbox"/>	<input type="checkbox"/> _____
7. Stomach	<input type="checkbox"/>	<input type="checkbox"/> _____

SYSTEMIC EXAMINATION:

1.Cardio Vascular System	_____
2.Respiratory System	_____
3.Gastrointestinal System	_____
4.Central Nervous System	_____
5.Uro genital System	_____
6.Endocrine System	_____
7. Musculoskeletal system	_____

SIDDHA SYSTEM OF EXAMINATION

[1] ENVAGAI THERVU [EIGHT-FOLD EXAMINATION]

I. NAADI (KAI KURI) (RADIAL PULSE READING)

(a) Naadi Nithanam (Pulse Appraisal)

1. Kalam (Pulse reading season)

Perumpozhuthu:

1. Kaarkaalam
(Rainy season)

☐

2.Koothirkaalam
(Autumn)

☐

- | | | | |
|-------------------------------------|--------------------------|--------------------------------------|--------------------------|
| 3. Munpanikaalam
(Early winter) | <input type="checkbox"/> | 4. Pinpanikaalam
(Late winter) | <input type="checkbox"/> |
| 5. Ilavenirkaalam
(Early summer) | <input type="checkbox"/> | 6. Muthuvenirkaalam
(Late summer) | <input type="checkbox"/> |

Sirupozhuthu:

- | | | | | | |
|-------------|--------------------------|-------------|--------------------------|-------------|--------------------------|
| 1. . Kaalai | <input type="checkbox"/> | 2. Mathiyam | <input type="checkbox"/> | 3. . Maalai | <input type="checkbox"/> |
| 4. Erpaadu | <input type="checkbox"/> | 5. Iravu | <input type="checkbox"/> | 6. Vaikarai | <input type="checkbox"/> |

2. Desam (Climate of the patient's habitat):

- | | | | |
|-------------------------|--------------------------|--------------------|--------------------------|
| 1. Kulir
(Temperate) | <input type="checkbox"/> | 2. Veppam
(Hot) | <input type="checkbox"/> |
|-------------------------|--------------------------|--------------------|--------------------------|

3. Vayathu (Age) :
- | | | | | | |
|------------|--------------------------|-------------|--------------------------|-----------|--------------------------|
| 1. 1-33yrs | <input type="checkbox"/> | 2. 34-66yrs | <input type="checkbox"/> | 3. 67-100 | <input type="checkbox"/> |
|------------|--------------------------|-------------|--------------------------|-----------|--------------------------|

4. Udal Vanmai (General body condition)

- | | | | | | |
|------------------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|
| 1. Iyyalbu
(Normal built) | <input type="checkbox"/> | 3. Valivu
(Robust) | <input type="checkbox"/> | 4. Melivu
(Lean) | <input type="checkbox"/> |
|------------------------------|--------------------------|-----------------------|--------------------------|---------------------|--------------------------|

(b) Naadi nadai (Pulse Play)

1. Vanmai (Expansile Nature)

- | | | | | |
|-----------|--------|--------------------------|--------|--------------------------|
| 1. Vatham | Vanmai | <input type="checkbox"/> | Menmai | <input type="checkbox"/> |
| 2. Pitham | Vanmai | <input type="checkbox"/> | Menmai | <input type="checkbox"/> |
| 3. Kabam | Vanmai | <input type="checkbox"/> | Menmai | <input type="checkbox"/> |

2. Panbu (Habit)

- | | | | | | |
|------------------------------|--------------------------|-------------------------------|--------------------------|-----------------------------|--------------------------|
| 1. Thannadai
(Playing in) | <input type="checkbox"/> | 2. Puranadai
(Playing out) | <input type="checkbox"/> | 3. Illaitthal
(Feeble) | <input type="checkbox"/> |
| 4. Kathithal
(Swelling) | <input type="checkbox"/> | 5. Kuthithal
(Jumping) | <input type="checkbox"/> | 6. Thullal
(Frisking) | <input type="checkbox"/> |
| 7. Azhutthal
(ducking) | <input type="checkbox"/> | 8. Padutthal
(Lying) | <input type="checkbox"/> | 9. Kalatthal
(Blending) | <input type="checkbox"/> |
| 10. Munnokku
(Advancing) | <input type="checkbox"/> | 11. Pinnokku
(Flinching) | <input type="checkbox"/> | 12. Suzhalal
(Revolving) | <input type="checkbox"/> |
| 13. Pakkamnokku | <input type="checkbox"/> | (Swerving) | | | |

3.Naadi nadai

- | | | | | | |
|---------------|--------------------------|----------------|--------------------------|---------------|--------------------------|
| 1. Vali | <input type="checkbox"/> | 2. Azhal | <input type="checkbox"/> | 3. Iyyam | <input type="checkbox"/> |
| 4. Vali Azhal | <input type="checkbox"/> | 5. Azhal Vali | <input type="checkbox"/> | 6. Iyya Vali | <input type="checkbox"/> |
| 7. Vali Iyyam | <input type="checkbox"/> | 8. Azhal Iyyam | <input type="checkbox"/> | 9. Iyya Azhal | <input type="checkbox"/> |

Any Other Findings _____

II.NAA (TONGUE)

- | | | | |
|--|------------------------------------|--------------------------|------------|
| 1. Maa Padinithiruthal
(Coatedness) | 1. <input type="checkbox"/> Absent | <input type="checkbox"/> | 2. Present |
|--|------------------------------------|--------------------------|------------|

- | | | | | |
|-------------------|--------------------|--------------------------|-------------------|--------------------------|
| 2. Niram (Colour) | 1.Sivappu (Red) | <input type="checkbox"/> | 2. Manjal(Yellow) | <input type="checkbox"/> |
| | 3. Velluppu (Pale) | <input type="checkbox"/> | 4.Karuppu(Dark) | <input type="checkbox"/> |
| | Others _____ | | | |

- | | | | | | | |
|-----------------------------------|---------------------|--------------------------|-----------------------|--------------------------|----------------------|--------------------------|
| 3. Suvai
(Taste sensation) | 1.Pulippu
(Sour) | <input type="checkbox"/> | 2. Kaippu
(Bitter) | <input type="checkbox"/> | 3. Inippu
(Sweet) | <input type="checkbox"/> |
| 4. Vedippu
(Fissure) | 1. Present | <input type="checkbox"/> | 2. Absent | <input type="checkbox"/> | | |
| 5. Vai neer ooral
(Salivation) | 1.Normal | <input type="checkbox"/> | 2. Increased | <input type="checkbox"/> | 3.Reduced | <input type="checkbox"/> |

Any Other Findings _____

III.NIRAM (COMPLEXION)

- | | | | |
|-----------------------------|--------------------------|--------------------------------|--------------------------|
| 1. Karuppu
(Dark-Vatham) | <input type="checkbox"/> | 2.Manjal
(Yellowish-Pitham) | <input type="checkbox"/> |
| 3.Velluppu
(Fair-Kabam) | <input type="checkbox"/> | 4. Thontham | <input type="checkbox"/> |

Any Other Findings _____

IV. MOZHI (VOICE)

- | | | | |
|---|--------------------------|--|--------------------------|
| 1. Sama oli
(Medium pitched-Vatham) | <input type="checkbox"/> | 2 Urattha oli
(High pitched-Pitham) | <input type="checkbox"/> |
| 3.Thazhantha oli
(Low pitched-Kabam) | <input type="checkbox"/> | 4. Thontham | <input type="checkbox"/> |

Any Other Findings _____

V. VIZHI (EYES)

1. Niram (Venvizhi)
(Discolouration)

- | | | | |
|----------------------|--------------------------|-----------------------|--------------------------|
| 1. Karuppu
(Dark) | <input type="checkbox"/> | 2. Manjal
(Yellow) | <input type="checkbox"/> |
| 3.Sivappu
(Red) | <input type="checkbox"/> | 4.Velluppu
(White) | <input type="checkbox"/> |
| 5. No Discoloration | <input type="checkbox"/> | 6.Thontham | <input type="checkbox"/> |

2. Kanneer
(Tears)

- | | | | | | |
|----------|--------------------------|--------------|--------------------------|-----------|--------------------------|
| 1.Normal | <input type="checkbox"/> | 2. Increased | <input type="checkbox"/> | 3.Reduced | <input type="checkbox"/> |
|----------|--------------------------|--------------|--------------------------|-----------|--------------------------|

3. Erichchal
(Burning sensation)

- | | | | |
|-----------|--------------------------|-----------|--------------------------|
| 1.Present | <input type="checkbox"/> | 2. Absent | <input type="checkbox"/> |
|-----------|--------------------------|-----------|--------------------------|

4. Peelai seruthal
(Mucus excrements)

- | | | | |
|-----------|--------------------------|-----------|--------------------------|
| 1.Present | <input type="checkbox"/> | 2. Absent | <input type="checkbox"/> |
|-----------|--------------------------|-----------|--------------------------|

Any Other Findings _____

VI. MEI KURI-SPARISAM (PHYSICAL SIGNS)

1. Veppam
(Warmth)

- | | | | |
|-----------------------------|--------------------------|------------------------------|--------------------------|
| 1. Mitham
(Mild -Vatham) | <input type="checkbox"/> | 2. Migu
(Moderate-Pitham) | <input type="checkbox"/> |
|-----------------------------|--------------------------|------------------------------|--------------------------|

3. Thatpam
(Low-Kabam)

☐

2. Viyarvai
(Sweat)

- | | | | | | |
|-----------|--------------------------|--------------|--------------------------|------------|--------------------------|
| 1. Normal | <input type="checkbox"/> | 2. Increased | <input type="checkbox"/> | 3. Reduced | <input type="checkbox"/> |
|-----------|--------------------------|--------------|--------------------------|------------|--------------------------|

Area_____

3. Thodu vali
(Tenderness)

- | | | | | |
|-----------|--------------------------|------------|--------------------------|-------|
| 1. Absent | <input type="checkbox"/> | 2. Present | <input type="checkbox"/> | _____ |
|-----------|--------------------------|------------|--------------------------|-------|

Any Other Findings _____

VII. MALAM (STOOLS)

1. Niram (Color)	1. Karuppu (Dark-Vatham)	<input type="checkbox"/>	2. Manjal (Yellowish -Pitham)	<input type="checkbox"/>
	3. Sivappu (Reddish-Pitham)	<input type="checkbox"/>	4. Velluppu (Pale-Kabam)	<input type="checkbox"/>
2. Sikkal (Constipation)	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
3. Sirutthal (Poorly formed stools)	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
4. Kalichchal (Loose watery stools)	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
5. Seetham (Watery and mucoid excrements)	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
6. Vemmai (Warmth)	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
7. History of habitual constipation	1. Present	<input type="checkbox"/>	2. Absent	<input type="checkbox"/>
8. Passing of	a) Mucous	1. Yes <input type="checkbox"/>	2. No	<input type="checkbox"/>
	b) Blood	1. Yes <input type="checkbox"/>	2. No	<input type="checkbox"/>

Any Other Findings _____

VIII. MOOTHIRAM (URINE)

(a) NEER KURI (PHYSICAL CHARACTERISTICS)

1. Niram (colour)

Pale yellow	<input type="checkbox"/>	Milky purulent	<input type="checkbox"/>	orange	<input type="checkbox"/>
Red	<input type="checkbox"/>	Greenish	<input type="checkbox"/>	dark brown	<input type="checkbox"/>
Bright red	<input type="checkbox"/>	Black	<input type="checkbox"/>	Brown red or yellow	<input type="checkbox"/>
Colourless	<input type="checkbox"/>				

2. Manam (odour)

Aromatic

☐

Ammonical

:

☐

Fruity

:

☐

Others

:

3. Edai (Specific gravity)

Normal (1.010-1.025)

:

☐

High Specific gravity (>1.025)

:

☐

Low Specific gravity (<1.010)

:

☐

Low and fixed Specific gravity (1.010-1.012):

☐**4. Alavu(volume)**

Normal (1.2-1.5 lt/day)

:

☐

Polyuria (>2lt/day)

:

☐

Oliguria (<500ml/day)

:

☐**5. Nurai(froth)**

Froth

☐

Clear

☐

Cloudy

☐**6.Enjal (deposits)**

:

Yes

No

☐☐Any Other Findings

(b) NEI KURI (oil spreading sign)

TIME:

1. Urine collection:

2. Oil drop:

3. Picture taken:

shape

1minute:

3minutes:

5minutes:

7minutes:

10minutes:

[2]. MANIKADAI NOOL (Wrist circummetric sign) : Right _____ fbs

Left _____ fbs

[3]. THATHUVA IYALPU:

MANO THATHUVAM

Sathuva Gunam

☐

Rajo Gunam

☐

Thamo Gunam

☐

4.. YAKKAI (SOMATIC TYPES)

Vatha constitution	Pitha constitution	Kaba constitution
Lean and lanky built <input type="checkbox"/>	Thin covering of bones and joints <input type="checkbox"/>	Plumpy joints and limbs <input type="checkbox"/>
Hefty proximities of limbs <input type="checkbox"/>	by soft tissue	Broad forehead and chest <input type="checkbox"/>
Cracking sound of joints on walking <input type="checkbox"/>	Always found with warmth, sweating and offensive body odour <input type="checkbox"/>	Sparkling eyes with clear sight <input type="checkbox"/>
Dark and thicker eye lashes <input type="checkbox"/>	Wrinkles in the skin <input type="checkbox"/>	Lolling walk <input type="checkbox"/>
Dark and light admixed complexion <input type="checkbox"/>	Red and yellow admixed complexion <input type="checkbox"/>	Immense strength despite poor eating <input type="checkbox"/>
Split hair <input type="checkbox"/>	Easily suffusing eyes due to heat and alcohol <input type="checkbox"/>	High tolerance to hunger, thirst and fear <input type="checkbox"/>
Clear words <input type="checkbox"/>	Sparse hair with greying <input type="checkbox"/>	Exemplary character with good memory power <input type="checkbox"/>
Scant appetite for cold food items <input type="checkbox"/>	Intolerance to hunger, thirst and heat <input type="checkbox"/>	More liking for sweet taste <input type="checkbox"/>
Poor strength despite much eating <input type="checkbox"/>	Inclination towards perfumes like sandal <input type="checkbox"/>	Husky voice <input type="checkbox"/>
Loss of libido <input type="checkbox"/>	Slender eye lashes <input type="checkbox"/>	
In generosity <input type="checkbox"/>	Pimples and moles are plenty <input type="checkbox"/>	
Sleeping with eyes half closed <input type="checkbox"/>		

RESULTANT SOMATIC TYPE: _____

[5]. IYMPORIGAL /IYMPULANGAL
(Penta sensors and its modalities)

	1. Normal	2. Affected	
1. Mei (skin)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Vaai (Mouth/ Tongue)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Kan (Eyes)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Mookku (Nose)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Sevi (Ears)	<input type="checkbox"/>	<input type="checkbox"/>	_____

[6]. KANMENTHIRIYANGAL /KANMAVIDAYANGAL
(Motor machinery and its execution)

	1. Normal	2. Affected	
1. Kai (Hands)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Kaal (Legs)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Vaai (Mouth)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Eruvai (Analepy)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Karuvaai (Birth canal)	<input type="checkbox"/>	<input type="checkbox"/>	_____

[7] UYIR THATHUKKAL

A. VALI

	1. Normal	2. Affected	
1. Praanan (Heart centre)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Abaanan (Matedial of muladhar centre)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Samaanan (Navel centre)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Udhaanan (Forehead centre)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Viyaanan (Throat centre)	<input type="checkbox"/>	<input type="checkbox"/>	_____

6. Naahan (Higher intellectual function)	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Koorman (Air of yawning)	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Kirukaran (Air of salivation)	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Devathathan (Air of laziness)	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Dhananjeyan (Air that acts on death)	<input type="checkbox"/>	<input type="checkbox"/>	_____

B. AZHAL

	1. Normal	2. Affected	
1. Anala pittham (Gastric juice)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Prasaka pittham (Bile)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Ranjaka pittham (Haemoglobin)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Aalosaka pittham (Aqueous Humour)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Saathaka pittham (Life energy)	<input type="checkbox"/>	<input type="checkbox"/>	_____

C. IYYAM

	1. Normal	2. Affected	
1. Avalambagam (Serum)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Kilethagam (saliva)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Pothagam (lymph)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Tharpagam (cerebrospinal fluid)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Santhigam (Synovial fluid)	<input type="checkbox"/>	<input type="checkbox"/>	_____

8] UDAL THATHUKKAL:

A. SAARAM:

INCREASED SAARAM (CHYLE)	DECREASED SAARAM(CHYLE)
Loss of appetite <input type="checkbox"/>	Loss of weight <input type="checkbox"/>
Excessive salivation <input type="checkbox"/>	Tiredness <input type="checkbox"/>
Loss of perseverance <input type="checkbox"/>	Dryness of the skin <input type="checkbox"/>
Excessive heaviness <input type="checkbox"/>	Diminished activity of the sense organs <input type="checkbox"/>
White musculature <input type="checkbox"/>	
Cough, dyspnoea, excessive sleep <input type="checkbox"/>	
Weakness in all joints of the body <input type="checkbox"/>	

Normal ☐ Abnormal ☐

B.CENNEER:

INCREASED CENNEER(BLOOD)	DECREASED CENNEER(BLOOD)
Boils in different parts of the body <input type="checkbox"/>	Anemia <input type="checkbox"/>
Anorexia <input type="checkbox"/>	Tiredness <input type="checkbox"/>
Mental disorder <input type="checkbox"/>	Neuritis <input type="checkbox"/>
Splenomegaly <input type="checkbox"/>	Lassitude <input type="checkbox"/>
Colic pain <input type="checkbox"/>	Pallor of the body <input type="checkbox"/>
Increased pressure <input type="checkbox"/>	
Reddish eye and skin <input type="checkbox"/>	
Jaundice <input type="checkbox"/>	
Haematuria <input type="checkbox"/>	

Normal ☐ Abnormal ☐

C.OON:

INCREASED OON (MUSLE)	DECREASED OON (MUSLE)
Cervical lymphadenitis <input type="checkbox"/>	Impairment of sense organs <input type="checkbox"/>
Vernical ulcer <input type="checkbox"/>	Joint pain <input type="checkbox"/>
Tumour in face ,abdomen, thigh, genitalia <input type="checkbox"/>	Jaw, thigh and genitalia gets shortened <input type="checkbox"/>
Hyper muscular in the cervical region <input type="checkbox"/>	

Normal ☐ Abnormal ☐

D.KOZHUPPU:

INCREASED KOZHUPPU (ADIPOSE TISSUE)	DECREASED KOZHUPPU (ADIPOSE TISSUE)
Cervical lymph adenitis <input type="checkbox"/>	Pain in the hip region <input type="checkbox"/>
Vernical ulcer <input type="checkbox"/>	Disease of the spleen <input type="checkbox"/>
Tumour in face, abdomen, thigh, genitalia <input type="checkbox"/>	
Hyper muscular in the cervical region <input type="checkbox"/>	
Dyspnoea <input type="checkbox"/>	
Loss of activity <input type="checkbox"/>	

Normal ☐ Abnormal ☐

E.ENBU:

INCREASED ENBU (BONE)	DECREASED ENBU (BONE)
Growth in bones and teeth <input type="checkbox"/>	Bones diseases <input type="checkbox"/> Loosening of teeth <input type="checkbox"/> Nails splitting <input type="checkbox"/> Falling of hair <input type="checkbox"/>

Normal

☐

Abnormal

☐

F.MOOLAI:

INCREASED MOOLAI (BONE MARROW)	DECREASED MOOLAI (BONE MARROW)
Heaviness of the body <input type="checkbox"/> Swollen eyes <input type="checkbox"/> Swollen phalanges chubby fingers <input type="checkbox"/> Oliguria <input type="checkbox"/> Non healing ulcer <input type="checkbox"/>	Osteoporosis <input type="checkbox"/> Sunken eyes <input type="checkbox"/>

Normal

☐

Abnormal

☐

G.SUKKILAM/SURONITHAM:

INCREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)	DECREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)
Infatuation and lust towards women / men <input type="checkbox"/> Urinary calculi <input type="checkbox"/>	Failure in reproduction <input type="checkbox"/> Pain in the genitalia <input type="checkbox"/>

Normal

☐

Abnormal

☐

[9] DHASANAADI

	1. Normal	2. Affected
1. Idagai	<input type="checkbox"/>	<input type="checkbox"/> _____
2. Pingalai	<input type="checkbox"/>	<input type="checkbox"/> _____
3. Suzhumunai	<input type="checkbox"/>	<input type="checkbox"/> _____
4. Siguvai	<input type="checkbox"/>	<input type="checkbox"/> _____
5. Purudan	<input type="checkbox"/>	<input type="checkbox"/> _____
6. Kaanthari	<input type="checkbox"/>	<input type="checkbox"/> _____
7. Atthi	<input type="checkbox"/>	<input type="checkbox"/> _____
8. Alambudai	<input type="checkbox"/>	<input type="checkbox"/> _____
9. Sangini	<input type="checkbox"/>	<input type="checkbox"/> _____
10. Kugu	<input type="checkbox"/>	<input type="checkbox"/> _____

10.KOSANGAL

	1. Normal	2. Affected
1. Annamayakosam	<input type="checkbox"/>	<input type="checkbox"/> _____
2. Praanamaya kosam	<input type="checkbox"/>	<input type="checkbox"/> _____
3. Manomayakosam	<input type="checkbox"/>	<input type="checkbox"/> _____
4. Vignanamayakosam	<input type="checkbox"/>	<input type="checkbox"/> _____
5. Anandhamayakosam	<input type="checkbox"/>	<input type="checkbox"/> _____

[11] MUKKUTRA MIGU GUNAM

I. Vali Migu Gunam

- | | |
|----------------------------|--------------------------|
| 1. Emaciation | <input type="checkbox"/> |
| 2. Complexion – blackish | <input type="checkbox"/> |
| 3. Desire to take hot food | <input type="checkbox"/> |
| 4. Shivering of body | <input type="checkbox"/> |
| 5. Abdominal distension | <input type="checkbox"/> |
| 6. Constipation | <input type="checkbox"/> |
| 7. Insomnia | <input type="checkbox"/> |
| 8. Weakness | <input type="checkbox"/> |
| 9. Defect of sense organs | <input type="checkbox"/> |
| 10. Giddiness | <input type="checkbox"/> |
| 11. Lack of interest | <input type="checkbox"/> |

II. Vali Kurai Gunam

- | | |
|--------------------------------|--------------------------|
| 1. Body pain | <input type="checkbox"/> |
| 2. Diminished voice | <input type="checkbox"/> |
| 3. Diminished work | <input type="checkbox"/> |
| 4. Delirium | <input type="checkbox"/> |
| 5. Arivu mangal | <input type="checkbox"/> |
| 6. Features of increased Kapha | <input type="checkbox"/> |

III. Pitham Migu Gunam

- | | |
|--|--------------------------|
| 1. Yellowish discolouration of skin | <input type="checkbox"/> |
| 2. Yellowish discolouration of the eye | <input type="checkbox"/> |
| 3. Yellow coloured urine | <input type="checkbox"/> |
| 4. Yellowishness of faeces | <input type="checkbox"/> |
| 5. Increased appetite | <input type="checkbox"/> |

- 6. Increased thirst ☐
- 7. Burning sensation over the body ☐
- 8. Sleep disturbance ☐

IV. Pitham Kurai Gunam

- 1.Indigestion ☐
- 2.Chillness ☐
- 3.Discolouration ☐
- 4.Disranged Kapha ☐

V. Kapham migu gunam

- 1. Increased salivary secretion ☐
- 2. Reduced activeness ☐
- 3. Heaviness of the body ☐
- 4. Body colour – fair complexion ☐
- 5. Chillness of the body ☐
- 6. Reduced appetite ☐
- 7. Eraippu ☐
- 8. Increased sleep ☐

VI. Kapham kurai gunam

- 1.Giddiness ☐
- 2.Loss of fluid in the Joints ☐
- 3.Increased Sweating ☐
- 4.Palpitations ☐

[12]. **NOIUTRA KALAM**

1. Kaarkaalam
(Aug15-Oct14)

☐

2.Koothirkaalam
(Oct15-Dec14)

☐

3. Munpanikaalam
(Dec15-Feb14)

☐

4.Pinpanikaalam
(Feb15-Apr14)

☐

5. Ilavanirkaalam
(Apr15-June14)

☐

6.Muthuvenirkaalam
(June15-Aug14)

☐

[13]. **NOI UTRA NILAM**

1. Kurunji
(Hilly terrain)

☐

2. Mullai
(Forest range)

☐

3. Marutham
(Plains)

☐

4. Neithal
(Coastal belt)

☐

5. Paalai
(Desert)

☐

[14].Date of Birth

[15]. Time of Birth

AM

PM

[16]. Place of Birth:

[17]. **Rasi (Zodiac Sign)**

1. Mesam

☐

2. Rishabam

☐

3.Midhunam

☐

4. Katakam

☐

5. Simmam

☐

6.Kanni

☐

7.Thulam

☐

8.Viruchiam

☐

9.Dhanusu

☐

10. Maharam

☐

11.Kumbam

☐

12. Meenam

☐

[18]. Natchathiram (birth stars):

1. Aswini	<input type="checkbox"/>	2.Barani	<input type="checkbox"/>	3.Karthikai	<input type="checkbox"/>
4.Rohini	<input type="checkbox"/>	5.Mirugaseeradam	<input type="checkbox"/>	6. Thiruvathirai	<input type="checkbox"/>
7. Punarpoosam	<input type="checkbox"/>	8. Poosam	<input type="checkbox"/>	9. Ayilyam	<input type="checkbox"/>
10. Makam	<input type="checkbox"/>	11.Pooram	<input type="checkbox"/>	12. Utthiram	<input type="checkbox"/>
13. Astham	<input type="checkbox"/>	14.Chithirai	<input type="checkbox"/>	15. Swathi	<input type="checkbox"/>
16. Visakam	<input type="checkbox"/>	17. Anusam	<input type="checkbox"/>	18.Kettai	<input type="checkbox"/>
19 Moolam	<input type="checkbox"/>	20. Pooradam	<input type="checkbox"/>	21. Uthiradam	<input type="checkbox"/>
22.Thiruvonam	<input type="checkbox"/>	23.Avittam	<input type="checkbox"/>	24. Sadayam	<input type="checkbox"/>
25.Poorattathi	<input type="checkbox"/>	26.Uthirattathi	<input type="checkbox"/>	27.Revathi	<input type="checkbox"/>
28. Not Known	<input type="checkbox"/>				

Date :

Signature of Pg student:

signature of Lecturer:

**A STUDY ON DIAGNOSTIC METHODOLOGY AND
SYMPTOMATOLOGY OF “PEENISAM”**

FORM-III
LABORATORY INVESTIGATIONS

1. O.P No/IP NO: _____ Lab.No _____ Serial No _____

2. Name: _____ Age/Sex : _____

3. Date of assessment: _____

HEMATOLOGY :

Hemoglobin :gm %

Total RBC count :millions cells / cu.mm

Total WBC count :cells / cu.mm

Differential count:

Polymorphs :%

Lymphocytes :%

Monocytes :%

Basophils ;%

Eosinophils :%

Platelet count : lakhs cells / cu.mm

ESR (mm) ½ Hr:

1 Hr:

BIO CHEMISTRY

Sugar (F) :mg%

PP :mg%

Total cholesterol :mg %

HDL :mg %

LDL :mg %

VLDL :mg%

TGL : mg%

Renal function test:

Urea :mg %

Creatinine :mg %

Liver function test:

SGOT :IU

SGPT :IU

Alkaline phosphatase :IU

Serum Total Protein :gm %

Serum Albumin :gm %

Serum Globulin :gm %

URINALYSIS:

1. Neerkuri _____
2. Neikuri _____
3. Albumin _____
4. Sugar (F) _____
(PP) _____
5. Deposits _____

MOTION :

Ova:

Cyst:

Occult blood:

SPECIAL INVESTIGATION

Absolute Eosinophil Count:

RADIOLOGICAL INVESTIGATION

X-ray - PNS:

OTHER INVESTIGATIONS:

Date :

Signature of PG student :

Signature of Lecturer:

NATIONAL INSTITUTE OF SIDDHA, CHENNAI – 47.
DEPARTMENT OF NOI NAADAL
A STUDY ON DIAGNOSTIC METHODOLOGY AND
SYMPTOMATOLOGY OF “PEENISAM”
REGISTRATION NO: 32103204 (2011-2013)
FORM IV
INFORMED WRITTEN CONSENT FORM

Iexercising my free power of choice, hereby give my consent to be included as a subject in the diagnostic trial entitled “ A study on **PEENISAM** ”. I may be asked to give urine and blood samples during the study.

I have been informed about the study to my satisfaction by the attending investigator about the purpose of this trial, the nature of study and the laboratory investigations. I also give my consent to publish my study results in scientific conferences and reputed scientific journals for the betterment of clinical research.

I am also aware of my right to opt out of the trial at any time during the course of the trial without having to give the reasons for doing so.

NAME OF THE VOLUNTEER :

**SIGNATURE OR THUMB IMPRESSION
OF THE VOLUNTEER :**

SIGNATURE OF INVESTIGATOR :

DATE:

SIGNATURE OF LECTURER :

தேசிய சித்த மருத்துவ நிறுவனம், சென்னை-47.

நோய் நாடல் துறை

“பீனிசம் - நோய் கணிப்பு முறை மற்றும் குறிகுணங்களை பற்றிய ஓர் ஆய்வு”

பதிவு எண்-32103204 (2011-2013)

ஒப்புதல் படிவம்
ஆய்வாளரால் சான்றளிக்கப்பட்டது

நான் இந்த ஆய்வை குறித்த அனைத்து விபரங்களையும்
நோயாளிக்கு
புரியும் வகையில் எடுத்துரைத்தேன் என உறுதியளிக்கிறேன்.

தேதி :
இடம்:

கையொப்பம் :

பெயர் :

நோயாளியின் ஒப்புதல்

நான், _____ என்னுடைய சுதந்திரமாக தேர்வு
செய்யும் உரிமையைக் கொண்டு இங்கு தலைப்பிடப்பட்ட “பீனிசம்” நோயை
கணிப்பதற்கான மருத்துவ ஆய்விற்கு என்னை உட்படுத்த ஒப்புதல் அளிக்கிறேன்.

என்னிடம் இந்தமருத்துவ ஆய்வின் காரணத்தையும், மருத்துவ
ஆய்வுக்கூட பரிசோதனைகள் பற்றி திருப்தி அளிக்கும் வகையில் ஆய்வு
மருத்துவரால் விளக்கிக் கூறப்பட்டது.

நான் இந்த மருத்துவ ஆய்வின் போது காரணம் எதுவும் கூறாமல்,
எப்பொழுது வேண்டுமானாலும் இந்த ஆய்விலிருந்து என்னை விடுவித்து
கொள்ளும் உரிமையை தெரிந்திருக்கின்றேன்.

தேதி:
இடம்:

கையொப்பம் :

பெயர் :

தேதி :

சாட்சிக்காரர் கையொப்பம்:

இடம்:

பெயர் :

உறவுமுறை:

NATIONAL INSTITUTE OF SIDDHA, CHENNAI – 47.
DEPARTMENT OF NOI NAADAL
A STUDY ON DIAGNOSTIC METHODOLOGY AND
SYMPTOMATOLOGY
OF “PEENISAM”

FORM IV- A - PATIENT INFORMATION SHEET

PURPOSE OF RESEARCH AND BENEFITS:

The diagnostic research study in which your participation is proposed to assess the diagnostic methods in Siddha methodology in “PEENISAM” patients. Knowledge gained from this study would be of benefit to patients suffering from such conditions for the diagnosis and prognosis.

STUDY PROCEDURE:

You will be interviewed and examined as OP and IP patients at the study centre. At the first visit the physician will conduct a brief physical examination and assess the condition followed by Envagai thervu and routine blood and urine analysis. After matching the inclusion criteria you will be included in this study and you will be examined on the basis of Envagai thervu.

POSSIBLE RISK:

During this study there may be a minimum pain to you while drawing blood sample.

CONFIDENTIALITY:

Your medical records will be treated with confidentiality and will be revealed only to other doctors / scientists. The results of this study may be published in a scientific journal, but you will not be identified by your name.

YOUR PARTICIPATION AND YOUR RIGHTS:

Your participation in this study is voluntary and you may be withdrawn from this study anytime without having to give reasons for the same. You will be informed about the findings that occur during the study. If you do agree to take part in this study, your health record will need to be made available to the investigators. If you don't wish to participate at any stage, the level of care you receive will in no way be affected.

The Ethics committee cleared the study for undertaking at OPD and IPD, NIS. Should any question arise with regards to this study you contact following person

P.G student	: Dr. L.Janani, II Year, Department of Noi Naadal National Institute of Siddha, Chennai-600 047. Email: drjananisiddha@gmail.com Mobile no : 9003181363
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தேசிய சித்த மருத்துவ நிறுவனம், சென்னை-47.
நோய் நாடல் துறை

“பீனிசம்”- நோய் கணிப்பு முறை மற்றும் குறிகுணங்களை பற்றிய ஓர் ஆய்வு”
பதிவு எண்-32103204 (2011-2013)

நோயாளியின் தகவல் படிவம்

ஆய்வின் நோக்கமும் பயனும்:

தாங்கள் பங்கேற்கும் இவ்வாய்வு “பீனிசம் - நோய் கணிப்பு முறை மற்றும் குறிகுணங்களை பற்றிய ஓர் ஆய்வு” சித்த மருத்துவ முறையில் நோயை கணிப்பதற்கான ஓர் ஆய்வுமுறை. இவ்வாய்வு தங்களின் நோய்கணிப்பை பற்றியும் நோயின் போக்கை பற்றியும் அறிய உதவும்.

ஆய்வு முறை:

தாங்கள் நோய்காணல் மற்றும் பரிசோதனைகளின் மூலம் உள்நோயாளி, வெளிநோயாளி பிரிவில் ஆய்வு செய்யப்படுவீர்கள். முதல் நோய்காணலின்போது ஆய்வாளரால் உடல் பரிசோதனை, நீர், இரத்தம், மற்றும் மலம் பரிசோதனை செய்து குறிப்பிட்ட குறிகுணங்கள் இருப்பின் இவ்வாய்விற்காக எடுத்துக்கொள்ளப்படுவீர்கள்.

நேரும் உபாதைகள்:

இவ்வாய்வில் இரத்த பரிசோதனைக்காக இரத்தம் எடுக்கும்போது சிறிதளவு வலி ஏற்படலாம்.

மந்தணம் :

தங்களின் மருத்துவ ஆவணங்கள் அனைத்தும் மருத்துவர், ஆய்வாளர் அல்லாத பிறரிடம் தெரிவிக்கப்படமாட்டாது.

நோயாளியின் பங்களிப்பும் உரிமைகளும்:

இவ்வாய்வில் தங்களின் பங்கேற்பு தன்னிச்சையானது. இவ்வாய்வில் தாங்கள் ஒத்துழைக்க இயலவில்லையெனில் எப்பொழுது வேண்டுமானாலும் காரணம் எதுவும் கூறாமல் விலகிக்கொள்ளலாம். இவ்வாய்வின்போது அறியப்படும் தகவல்கள் தங்களுக்கு தெரிவிக்கப்படும். நோயாளியின் ஒப்புதலுக்கிணங்க நோய்கணிப்பு விவரங்களை ஆய்வாளர் பயன்படுத்திக்கொள்வார். நோயாளி ஆய்வினிடையே ஒத்துழைக்க மறுத்தாலும் எந்த நிலையிலும் நோயாளியை கவனிக்கும் விதம் பாதிக்கப்பட மாட்டது. நிறுவன நெறிமுறை குழுமம் (Institutional Ethical committee) மேற்கண்ட ஆய்வினை மேற்கொள்ள ஒப்புதல் அளித்துள்ளது.

ஆய்வு குறித்த சந்தேகங்கள் இருப்பின் கீழ்க்கண்ட நபரை தொடர்பு கொள்ளவும்.

பட்டமேற்படிப்பாளர் :

மரு.லோ.ஜனனி

இரண்டாம் வருடம்,

நோய் நாடல் துறை

தேசிய சித்த மருத்துவ நிறுவனம்,

சென்னை-47.

மின் அஞ்சல் - drjananisiddha@gmail.com

தொலைபேசி எண்- 9003181363



NATIONAL INSTITUTE OF SIDDHA

(An Autonomous Body under Department of AYUSH)
Ministry Of Health & Family Welfare, Government of India

Tambaram Sanatorium, Chennai - 600 047
Tel : 044-22411611 Fax : 044-22381314
E-mail : nischennaisiddha@yahoo.co.in
Website : www.nischennai.org

Name: Dr. W. JANANI REGI NO: 32103204
Title: A STUDY ON DIAGNOSTIC METHODOLOGY AND SYMPTOMATOLOGY OF
PEENISAM / RHINOSINUSITIS
No. NIS/IEC/2011/3/36 - 24/12/2011

DECISION

Opinion of the Institutional Ethics Committee – Please Check one

☒ Approval

☐ Modifications required prior to approval (Please specify one space below)

☐ Disapproval

Date of review: _____

K. Manickavasagam
(Dr. K. MANICKAVASAGAM)
Member Secretary

Signed: V. Subramanian (Please print name) Dr. V. SUBRAMANIAN
Chair Person

(Please delete as appropriate, Chairperson, Secretary)

Modifications needed

Modification given to candidate

The research proponent is hereby informed that the Institutional Ethics Committee will require the following:

1. All adverse drug reactions (ADRs) that are both serious and unexpected to be reported promptly to the IEC within 7 working days
2. The progress report to be submitted to the IEC atleast annually
3. Upon completion of the study, a final study status report needs to be submitted to the IEC

நாகமுனிவர்

தலைநாய் மருத்துவம்

(நாகமுனிவர் சிரரோகவிதி)

முதல் முதலாக அச்சேறும் ஓலைச்சுவடி



அருள்மிகு பழநி தண்டாயுதபாணி சுவாமி திருக்கோயில்
சித்த மருத்துவநூல் வெளியீட்டுக் குழுவின்ருக்காக

கௌரவத் தலைவர்

டாக்டர் இரா. தியாகராசன் எல்.ஐ.எம்.,
அவர்களால் பதிப்பிக்கப் பெற்று.

தமிழ்நாடு அரசுக்கு

நன்கொடையாக அளிக்கப்பெற்றது.

சி.பி. 1976

தீதற் றிடுதிரு மேனித் தயிர்வெனா சேரப் பிழிவடி யரைசாமம் தீர்த்தற் கருபரு வாதைப் படமுன மோர்வுற் றிடுமது வழிபூச வேதப் படியர னுர்சொற் படிமலை மீதிற் குறுமுனி யருளாலே வேதித் திடுமிவையோ திற் குளி கையிம் மேலைத் திசையினுமிலையே.

செவியிற் சீழ்புழு முதலியவற்றிற் கு மருத்துவம்
எருக்கிலையிற் பழுப்பு நொச்சி வேளை தன்னே

டிஞ்சியுவாய் மூலமுடன் பிரண்டை தம்மில் நெருக்கிவரு மோரொன்றிற் சாறு முக்கு

நிம்பெண்ணெ யெள்ளிலெண்ணெ யுழக்குக் கூட்டி

மருக்குலவுங் குழன்மடவாய் கடுகு முன்று

வருமேல மோருள்ளிப் புடு கஞ்சா

உரைத்ததனில் விதையுடனே கரிய சீர

மொன்றுகழற் சரைகரைத்து வடித்தி டாயே.

வடித்தவெண்ணெ யிருசெவியில் வார்க்கச் சீழ்போம்

மத்தின்காய் பாவட்டை யுத்த மாணி

தொடுத்தவிவை துளிரிண்டு முதலைக் கட்டற்

சொல்வசம்பு வெள்ளையுள்ளி தோன்றுற் சாற்றில்

அடுத்த செவிப் புழுவொழியு மற்றுங் கேண்மி

னுடுதொடா மூலியிலை பூவார் மத்தின்

கடுத்தவிலை யெருக்கிலையிற் பழுத்தல் வேளை

காட்டுமிலை பேய்ப்பீர்க்கி னிலையி னோடே.

படரும் வேலிப் பருத்தி யிவையெலாம்

தொடர வோரொன் றெருபிடி தொக்கியே

அடருஞ் சாறு பிழிந்தரி சத்துடன்

கடுகு சுக்கு வசம்புள்ளி காணுமே.

கூட்டி யெண்ணெய் குலவிட வெந்துபின்

நாட்டு நற்பதந் தன்னில் வடிப்பிராய்

கேட்டு மூலப் புழுவது கேடுறும்

சட்டு மெண்ணெ யிருதுளி விட்டிடே.

VIII. செவியிற் பிளவை 5
செய்ய கர்ணிக மீது வந்திடு பிளவை யைந்து குணங்கன்கேள்

சீழு நீரொடு குருதி குன்றி செறுத்த வாய்வொடு பிளவையைந்

தைய மீதிவை காதி னுட்டிறமாகி யேவெடி தீர்வீழு

மரிய ரத்த மிறங்கு மோரெழு நாளி னிற்செய லற்றிடும்

மையல் செய்தன லாயெ ரிந்து சிவந்திடும்புலவு நாளிடும்

வாயமேற்கொளு மான வுச்சி வலிக்கு மேயொடுவு கொள்ளுமே

மெய்யி துண்மைய தாம சாத்திய மென்னமாதுமை கேட்கவே

விமல னுருரை செய்த தாமிது மெதி னிக்கொரு கிருபையே. 536

தலைநோய் மருத்துவம்

இரட்சை, காரம்

கிருபையாக வுரைத்த தாமிது கீறு புள்ளடி கருவிபால் பொருவி லாவனன் மீத ழுற்றிடு செவிந ரம்பினி ரட்சைசெய் மருவு வெற்றிலையி னீரி லேதுரிசு மத்தி தேயுவிடை வைத்திடு பெருகி ரட்சைசெய் குறியி னிட்டிடு பிளவை யானவவை தீருமே. முற்கூறிய தைலவகைகள் இந்நோய்க்குப் பொருந்துவனவாம். காதுநோய் முற்றிற்று.

காதுநோய் நூறில் இங்குக் கூறப்பட்டனவேயன்றி, கழலை 3, சுருட்டு 3, தோல் செவி 3, கறை 3, உண்ணி 3, வெயர் 3, அயர்ச்சி 3 என்னுமிவை பெயர் மட்டும் குறிக்கப்பட்டுள்ள கவி வெண்பா ஒன்று ஈற்றில் காணப்படுகின்றது. அதில் இடையிற் சில அடிகள் சிதைந்து விட்டன போற் றெரிவதாலும் வேறு பயனின்மையாலும் பதிப்பிக்காமல் விடப்பட்டது.

அக் கவிவெண்பாவின்றில்;

‘பேரும் குறிக்குணமும் பேணு மவுடதமும் தீருந்தீ ராததுவுஞ் செய்கைகளும்—பாரிலுள்ளோர்

எல்லார்க்குஞ் சொன்னு னிமயமயி லுக்கிறைவன் பொல்லாங்கு தீரும் பொருட்டு’

என்றிருத்ததால் கழலை முதலிய பிறவற்றின் குணம் சிகிச்சை முதலியனவும் கூறப்பட்டனவேயாதல்வேண்டும். அவை சிதைந் தொழிந்தன போலும்.

தலைநோய் நிதானம்

நான்காவது

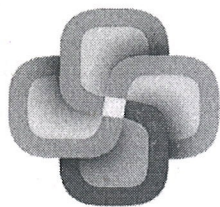
முக்குநோய்

முக்கு நீர்ப்பாய்ச்சலின் குணம்

கண்டமேன் முகங்கண் காது கரகரத் தூர்வ தேபோல் துண்டமேற் றினவு பற்றிச் சொறிந்துதான் சலமும்வீழ்ந்து மண்டையுங் கனத்து நொந்து வலிமிக வுளதே யாகில் பண்டுசேர் மூக்கி னீரின் பாய்ச்சலென் றுரைக்க லாமே. 538

பீனிசத்தின் பொதுக்குணம்

தலைமிக வலிக்கும் நாசி சளிவிழு மொடுவுண் டாகும் நலிவுறு தும்ம லுண்டாம் நாட்செலில் வரனும் நாசி மலைவுறத் திரண்டு வீழும் வாயுமே நாற்ற முண்டாம் பெலமுற முக்க டைக்கும் பீனிச மென்று தேரே. 539



SAVEETHA

MEDICAL COLLEGE HOSPITAL
DEPARTMENT OF RADIOLOGY & IMAGING

PATIENT NAME	VARALAKSHMI	AGE / SEX	30/F
HOSPITAL - NO	606904	DATE	30/12/2011
CT - NO	5581	OP / IP	OUT PATIENT

Thanks for the referral for this CT study.

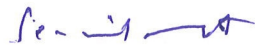
C T – PARANASAL SINUSES

- Deviation of nasal septum to right.
- Mucosal thickening bilateral maxillary and ethmoid sinus (L>R).
- Bilateral inferior turbinate hypertrophy.
- Mild mucosal thickening around bilateral ostiomeatal complexes.
- Small bilateral inflamed concha bullosa.
- Bilateral osteomeatal complexes are patent.
- Bilateral frontal sinuses and frontoethmoid recesses are normal.
- Bilateral sphenoid sinuses are clear.
- Both orbits and their contents are normal.
- Crista galli, bilateral fovea ethmoidalis, lamina papyracea and cribriform plates are intact.

IMPRESSION:

- Deviation of nasal septum to right.
- Mucosal thickening bilateral maxillary and ethmoid sinus (L>R).
- Bilateral inferior turbinate hypertrophy.
- Mild mucosal thickening around bilateral ostiomeatal complexes.
- Small bilateral inflamed concha bullosa.

-----Suggested clinical correlation.


Dr. Senthil Kumar A. / Dr. Upasana
M.D.(RD) M.D.(RD)
Asst. Professor

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